

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
TEXAS HOMECARE PAC

ADDRESS (number and street) 3737 EXECUTIVE CENTER DR STE 268
 Check if different than previously reported. (ACC)
AUSTIN TX 78731

2. **FEC IDENTIFICATION NUMBER** C00393728
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 07 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Anita Bradberry

Signature of Treasurer Electronically Filed by Ms Anita Bradberry Date 09 19 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
TEXAS HOMECARE PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		21567.85
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	18581.79									
(c) Total Receipts (from Line 19)	1554.66	24255.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20136.45	45823.40								
7. Total Disbursements (from Line 31)	4071.66	29758.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16064.79	16064.79								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
TEXAS HOMECARE PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1505.16	22128.46
(i) Itemized (use Schedule A)	41.50	2079.09
(ii) Unitemized	1546.66	24207.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1546.66	24207.55
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	8.00	48.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1554.66	24255.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1554.66	24255.55

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	71.66	758.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	71.66	758.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	29000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4071.66	29758.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4071.66	29758.61

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1546.66	24207.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1546.66	24207.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	71.66	758.61
37. Offsets to Operating Expenditures (from Line 15, page 3)	8.00	48.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	63.66	710.61

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TEXAS HOMECARE PAC

A.	Full Name (Last, First, Middle Initial) Ms. Anita Y. Bradberry	Date of Receipt MM / DD / YYYY 07 / 15 / 2008
	Mailing Address 10804 Tall Oak Tr.	Transaction ID: SA11AI.5624
	City State Zip Code Austin TX 78750	Amount of Each Receipt this Period 208.34
	FEC ID number of contributing federal political committee. C	(\$104.17 biweekly) Payroll deduction
Name of Employer Texas Assn. for Home Care, Inc	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1354.13	

B.	Full Name (Last, First, Middle Initial) Ms. Kathy Dietert	Date of Receipt MM / DD / YYYY 07 / 15 / 2008
	Mailing Address P.O. Box 2272	Transaction ID: SA11AI.5628
	City State Zip Code Kerrville TX 78028	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Bandera Tri County Home Health	Occupation RN/DHCS/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1470.00	

C.	Full Name (Last, First, Middle Initial) Ms. Dianne Moe	Date of Receipt MM / DD / YYYY 07 / 15 / 2008
	Mailing Address 36 Imperial Way	Transaction ID: SA11AI.5632
	City State Zip Code San Antonio TX 78248	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer MSN HomeCare	Occupation Home Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	468.34
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEXAS HOMECARE PAC

A. Full Name (Last, First, Middle Initial)
Paradigm Rehab & Nursing, L.P.
Mailing Address P.O. Box 130010
City Tyler State TX Zip Code 75713-0010
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2045.46
Date of Receipt 07 / 15 / 2008
Transaction ID: SA11AI.5630
Amount of Each Receipt this Period 340.91
Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Roberto Rodriguez
Mailing Address 23702 Jenkin's Hill
City San Antonio State TX Zip Code 78255
FEC ID number of contributing federal political committee. **C**
Name of Employer Access Quality Therapy Sv-c. Occupation President/CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1312.50
Date of Receipt 07 / 15 / 2008
Transaction ID: SA11AI.5625
Amount of Each Receipt this Period 187.50
Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Lisa Selman-Holman
Mailing Address 1525 Bayberry Street
City Denton State TX Zip Code 76205
FEC ID number of contributing federal political committee. **C**
Name of Employer Selman-Holman & Associates Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 735.00
Date of Receipt 07 / 15 / 2008
Transaction ID: SA11AI.5627
Amount of Each Receipt this Period 105.00
Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 633.41
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEXAS HOMECARE PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary Helen Tieken

Mailing Address 1414 F Street

City State Zip Code
Floresville TX 78114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nurses In Touch, Inc. Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt
MM / DD / YYYY
07 / 15 / 2008

Transaction ID: SA11AI.5631

Amount of Each Receipt this Period
62.50

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Dan Willson

Mailing Address P.O. Box 2493

City State Zip Code
Lindale TX 75771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Paradigm Rehab & Nursing, LP Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2045.46

Date of Receipt
MM / DD / YYYY
07 / 15 / 2008

Transaction ID: SA11AI.5634

Amount of Each Receipt this Period
340.91

Contribution

SUBTOTAL of Receipts This Page (optional) ► **403.41**

TOTAL This Period (last page this line number only) ► **1505.16**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 11

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
TEXAS HOMECARE PAC

A.

Full Name (Last, First, Middle Initial)
Merchant Bankcard Services

Transaction ID: SB21B.5642
Date of Disbursement

Mailing Address P.O. Box 1715

/ /

City State Zip Code
Martinez CA 94553

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Processing Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEXAS HOMECARE PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Al Green For Congress</p> <p>Mailing Address P.O. Box 20174 Suite 321</p> <p>City Houston State TX Zip Code 77225</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Al Green For Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 09</p>	<p>Transaction ID: SB23.5636</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Dr. MICHAEL C BURGESS</p> <p>Mailing Address 106 HIGHLAND LAKE DRIVE</p> <p>City HIGHLAND VILLAGE State TX Zip Code 75077</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Dr. MICHAEL C BURGESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p>	<p>Transaction ID: SB23.5639</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CULBERSON FOR CONGRESS</p> <p>Mailing Address P.O. Box 41964</p> <p>City Houston State TX Zip Code 77241</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name CULBERSON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 07</p>	<p>Transaction ID: SB23.5640</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEXAS HOMECARE PAC

A.	Full Name (Last, First, Middle Initial) KAY GRANGER CAMPAIGN FUND	Transaction ID: SB23.5635 Date of Disbursement
	Mailing Address 715 Jones Street Suite 101	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Fort Worth State TX Zip Code 76102	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name KAY GRANGER CAMPAIGN FUND	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SOLOMON P. ORTIZ FOR CONGRESS	Transaction ID: SB23.5665 Date of Disbursement
	Mailing Address 4514 CARLOW	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City CORPUS CHRISTI State TX Zip Code 78413	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution replacement ck	<input type="text" value="1000.00"/>
	Candidate Name SOLOMON P. ORTIZ FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SOLOMON P. ORTIZ FOR CONGRESS	Transaction ID: SB23.5666 Date of Disbursement
	Mailing Address 4514 CARLOW	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City CORPUS CHRISTI State TX Zip Code 78413	Amount of Each Disbursement this Period
	Purpose of Disbursement Lost Check orig. reported 1-9-08	<input type="text" value="-1000.00"/>
	Candidate Name SOLOMON P. ORTIZ FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4000.00"/>