

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

ADDRESS (number and street) 9390 Research Blvd., Bldg. 1 Suite
Check if different than previously reported. (ACC) Austin TX 78759

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2025 through 04 / 30 / 2025

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 Hammon, Rachel, , Ms.,

Signature of Treasurer Hammon, Rachel, , Ms., Date 05 / 20 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2025"/> | | <input type="text" value="68161.35"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="75398.67"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="960.17"/> | <input type="text" value="13650.33"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="76358.84"/> | <input type="text" value="81811.68"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="12535.49"/> | <input type="text" value="17988.33"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="63823.35"/> | <input type="text" value="63823.35"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2025 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2025

| 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 | | |
| (i) Itemized (use Schedule A)..... | 866.67 | 12204.78 |
| (ii) Unitemized | 93.50 | 1445.55 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 960.17 | 13650.33 |
| (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) | 960.17 | 13650.33 |
| 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)..... | 0.00 | 0.00 |
| 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 Transfers (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)).....▶ | 960.17 | 13650.33 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 960.17 | 13650.33 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 35.49 | 488.33 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 35.49 | 488.33 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 12500.00 | 17500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated 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)) .. | 12535.49 | 17988.33 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12535.49 | 17988.33 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| 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) | 960.17 | 13650.33 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 960.17 | 13650.33 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 35.49 | 488.33 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 35.49 | 488.33 |

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 OF 12 |
| | <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 | |

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NAME OF COMMITTEE (In Full)
TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Lopez, Brandis, Wilmore, ,

Mailing Address 278 Brockston Dr.

| | | |
|--------------|-------------|-------------------|
| City Buda | State TX | Zip Code 78610 |
|--------------|-------------|-------------------|

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

| | |
|---|--------------------------------------|
| Name of Employer (for Individual) PAM Health at Home Bridgeway | Occupation (for Individual) Owner |
|---|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2025
Transaction ID : SA11AI.11589

Amount of Each Receipt this Period
100.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Luna, Norma, , Ms.,

Mailing Address 1107 Pinnacle Falls, 501

| | | |
|---------------------|-------------|-------------------|
| City San Antonio | State TX | Zip Code 78260 |
|---------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Gentle Partners in Home Health | Occupation (for Individual) RRT, Consultant Administrator |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2025
Transaction ID : SA11AI.11583

Amount of Each Receipt this Period
75.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Madison, Bradley, , Mr.,

Mailing Address 3510 156th Street

| | | |
|-----------------|-------------|-------------------|
| City Lubbock | State TX | Zip Code 79423 |
|-----------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) United States | Occupation (for Individual) 18510-son1 |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2025
Transaction ID : SA11AI.11585

Amount of Each Receipt this Period
150.00

Memo Item
Contribution

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 325.00 |
| 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: (check only one) | PAGE 7 OF 12 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

A. Madison, Dana, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5022 117th St.

| | | |
|-----------------|-------------|-------------------|
| City Lubbock | State TX | Zip Code 79424 |
|-----------------|-------------|-------------------|

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

| | |
|---|--------------------------------------|
| Name of Employer (for Individual) BSA Compassion Home Care | Occupation (for Individual) Owner |
|---|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.36

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 04 / 14 / 2025 |

Transaction ID : SA11Al.11587

Amount of Each Receipt this Period
208.34

Memo Item
Contribution

B. Madison, Ronnie, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3510 156th Street

| | | |
|-----------------|-------------|-------------------|
| City Lubbock | State TX | Zip Code 79423 |
|-----------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Calvart Home Health Care | Occupation (for Individual) Administrator |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.32

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 04 / 14 / 2025 |

Transaction ID : SA11Al.11588

Amount of Each Receipt this Period
208.33

Memo Item
Contribution

C. Valladares, Lydia, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 Jonquil Ave

| | | |
|-----------------|-------------|-------------------|
| City McAllen | State TX | Zip Code 78501 |
|-----------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Presidente Home Care | Occupation (for Individual) Alt Administrator |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 04 / 14 / 2025 |

Transaction ID : SA11Al.11584

Amount of Each Receipt this Period
125.00

Memo Item
Contribution

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 541.67 |
| TOTAL This Period (last page this line number only)..... | 866.67 |

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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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 ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address P.O. Box 45950

City
Omaha

State
NE

Zip Code
68145

Purpose of Disbursement
Credit card processing fee

001

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 4 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.11592

Amount of Each Disbursement this Period

[Redacted] 0.60

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address P.O. Box 45950

City
Omaha

State
NE

Zip Code
68145

Purpose of Disbursement
Credit card processing fee

001

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 4 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.11593

Amount of Each Disbursement this Period

[Redacted] 2.87

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address P.O. Box 45950

City
Omaha

State
NE

Zip Code
68145

Purpose of Disbursement
Credit card processing fee

001

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 4 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.11594

Amount of Each Disbursement this Period

[Redacted] 4.61

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 8.08

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

[Redacted]

**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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 ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address P.O. Box 45950

City
Omaha

State
NE

Zip Code
68145

Purpose of Disbursement
Credit card processing fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 1 | 4 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.11597

Amount of Each Disbursement this Period

[Redacted] 15.03

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address P.O. Box 45950

City
Omaha

State
NE

Zip Code
68145

Purpose of Disbursement
Credit card processing fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 2 | 3 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.11595

Amount of Each Disbursement this Period

[Redacted] 5.73

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address P.O. Box 45950

City
Omaha

State
NE

Zip Code
68145

Purpose of Disbursement
Credit card processing fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 2 | 3 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.11596

Amount of Each Disbursement this Period

[Redacted] 1.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 22.75

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

[Redacted]

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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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 ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address P.O. Box 45950

City
Omaha

State
NE

Zip Code
68145

Purpose of Disbursement
Credit card processing fee

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 28 | | 2025 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11598

Amount of Each Disbursement this Period

[REDACTED] 3.98

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address P.O. Box 45950

City
Omaha

State
NE

Zip Code
68145

Purpose of Disbursement
Credit card processing fee

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 28 | | 2025 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11599

Amount of Each Disbursement this Period

[REDACTED] 0.68

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[REDACTED]
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 4.66

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

[REDACTED] 35.49

**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"/> 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 ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

A. NATHANIEL MORAN FOR CONGRESS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 21 | | 2025 |

Mailing Address 314 S. BROADWAY

FEC Identification Number

| | |
|---|-----------|
| C | C00796086 |
|---|-----------|

Transaction ID : SB23.11580

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item

City TYLER State TX Zip Code 75702

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
NATHANIEL MORAN FOR CONGRESS

Office Sought: House Senate President
State: TX District: 01

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. TEXANS FOR JODEY ARRINGTON

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 14 | | 2025 |

Mailing Address PO BOX 6687

FEC Identification Number

| | |
|---|-----------|
| C | C00588657 |
|---|-----------|

Transaction ID : SB23.11576

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item

City LUBBOCK State TX Zip Code 79493

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
TEXANS FOR JODEY ARRINGTON

Office Sought: House Senate President
State: TX District: 19

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. TONY GONZALES FOR CONGRESS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 28 | | 2025 |

Mailing Address PO BOX 700442

FEC Identification Number

| | |
|---|-----------|
| C | C00706614 |
|---|-----------|

Transaction ID : SB23.11581

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Memo Item

City SAN ANTONIO State TX Zip Code 78270

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
TONY GONZALES FOR CONGRESS

Office Sought: House Senate President
State: TX District: 23

Disbursement For: 2026
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 8000.00 |
|---------|

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

| |
|----------|
| 12500.00 |
|----------|