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 –

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** 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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☒ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ 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 / D D / 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 / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2026 through 07 / 31 / 2026

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: 08 / 20 / 2026

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

Office Use Only							

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: 07 / 01 / 2026 To: 07 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		75527.29
(b) Cash on Hand at Beginning of Reporting Period	73614.16	
(c) Total Receipts (from Line 19)	1084.72	19418.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	74698.88	94945.88
7. Total Disbursements (from Line 31)	36.64	20283.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74662.24	74662.24
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

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: 07 / 01 / 2026 To: 07 / 31 / 2026

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)	975.72	17490.04
(ii) Unitemized	109.00	1928.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	1084.72	19418.59
(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) ▶	1084.72	19418.59
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)) ▶	1084.72	19418.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	1084.72	19418.59

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	36.64	3783.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	36.64	3783.64
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	16500.00
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))	36.64	20283.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	36.64	20283.64

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)	1084.72	19418.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1084.72	19418.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	36.64	3783.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	36.64	3783.64

Image# 202608209903335682

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 13

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

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

Gill, Tayler, , ,

Mailing Address 153 Rioja

City: Kyle | State: TX | Zip Code: 78640

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Bridgeway Hospice

Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 07 / 24 / 2026

Transaction ID : SA11AI.12054

Amount of Each Receipt this Period: 25.00

☐ Memo Item

Contribution

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

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 ▼: 700.00

Date of Receipt: 07 / 16 / 2026

Transaction ID : SA11AI.12043

Amount of Each Receipt this Period: 100.00

☐ Memo Item

Contribution

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

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 ▼: 525.00

Date of Receipt: 07 / 16 / 2026

Transaction ID : SA11AI.12048

Amount of Each Receipt this Period: 75.00

☐ Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

Image# 202608209903335683

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 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼: 915.00

Date of Receipt: 07 / 24 / 2026
Transaction ID : SA11AI.12051

Amount of Each Receipt this Period: 15.00

☐ Memo Item

Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼: 1065.00

Date of Receipt: 07 / 24 / 2026
Transaction ID : SA11AI.12052

Amount of Each Receipt this Period: 150.00

☐ Memo Item

Contribution

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

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 ▼: 1458.38

Date of Receipt: 07 / 16 / 2026
Transaction ID : SA11AI.12045

Amount of Each Receipt this Period: 208.34

☐ Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 373.34

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

Image# 202608209903335684

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 8 OF 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Madison, Ronnie, , 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): Calvart Home Health Care
Occupation (for Individual): Administrator

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 1458.31

Date of Receipt: 07 / 16 / 2026
Transaction ID : SA11AI.12046

Amount of Each Receipt this Period: 208.33

[ ] Memo Item

Contribution

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

Mailing Address 12014 topeka Ave

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Caprock Home Health Services,
Occupation (for Individual): Executive Vice President

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 330.00

Date of Receipt: 07 / 24 / 2026
Transaction ID : SA11AI.12056

Amount of Each Receipt this Period: 50.00

[ ] Memo Item

Contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rash, Rose, , Ms.,

Mailing Address 5300 SECR 1086

City: Corsicana | State: TX | Zip Code: 75151

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Angels At Home, Inc.
Occupation (for Individual): Home Care

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼: 952.40

Date of Receipt: 07 / 21 / 2026
Transaction ID : SA11AI.12070

Amount of Each Receipt this Period: 119.05

[ ] Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 377.38

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

Image# 202608209903335685

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 9 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shrive, Tyler, , Mr.,

Mailing Address 6688 N. Central Expressway

City: Dallas | State: TX | Zip Code: 75206

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Enhabit, Inc. PAC
Occupation (for Individual): VP of Government Affairs

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 07 / 16 / 2026

Transaction ID : SA11AI.12050

Amount of Each Receipt this Period: 25.00

☐ Memo Item

Contribution

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 25.00

TOTAL This Period (last page this line number only) ▶ 975.72

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 16 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12057
Amount of Each Disbursement this Period: 3.98
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 16 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12058
Amount of Each Disbursement this Period: 1.36
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 16 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12055
Amount of Each Disbursement this Period: 15.03
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 20.37

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

Image# 202608209903335687

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)
[X] 21b [ ] 22 [ ] 23 [ ] 26 [ ] 27
[ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial)
PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 16 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12060
Amount of Each Disbursement this Period: 1.12
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 16 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12061
Amount of Each Disbursement this Period: 2.87
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 16 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12062
Amount of Each Disbursement this Period: 0.92
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4.91

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 16 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12063
Amount of Each Disbursement this Period: 1.01
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 24 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12064
Amount of Each Disbursement this Period: 0.61
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 24 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12065
Amount of Each Disbursement this Period: 5.73
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7.35

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

Image# 202608209903335689

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 24 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12066
Amount of Each Disbursement this Period: 0.90
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 24 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12067
Amount of Each Disbursement this Period: 1.12
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
PayPal
Mailing Address P.O. Box 45950
City: Omaha | State: NE | Zip Code: 68145
Purpose of Disbursement: Credit card processing fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 24 / 2026
FEC Identification Number: C
Transaction ID : SB21B.12068
Amount of Each Disbursement this Period: 1.99
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4.01

TOTAL This Period (last page this line number only) ▶ 36.64