FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069233 3 COMMITTEE NAME **OFFICE USE ONLY** Hochheim Prairie Political Action Committee Date Received **ELECTRONICALLY FILED** 12/28/2023 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 500 U.S. Hwy. 77A S. Change of Address Yoakum, TX 77995-1399 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. David T. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Weber CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 500 U.S. Hwy 77A S. STREET **ADDRESS** (Residence or Business) Yoakum, TX 77995-1399 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 500 U.S. Hwy 77A South MAILING **ADDRESS** Change of Address Yoakum, TX 77995-1399 AREA CODE **CAMPAIGN** PHONE NUMBER **EXTENSION TREASURER PHONE** (361) 293-1021 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2023 12/25/2023

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	itical Action Committee			00069233	,
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)	7 W C-pp			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	O Massuras	A. Supported			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTION PROGRANTEES OF LOA ADE ELECTRONICALLY) qualifies for the higher itemizatio	NS, ÒR	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS		\$	000.00
	(OTHER THAN PLEI	OGES, LOANS, OR GUARAI	NTEES OF LOANS)		806.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURI	ES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	2,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	ONTRIBUTIONS MAINTAIN PERIOD	NED AS OF THE LAST	DAY \$	26,361.06
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTAN REPORTING PERIOD	IDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT					
		true and corre	rm, under penalty of pe ct and includes all infor , Election Code.		accompanying report is d to be reported by me
			Mr Davi	d T. Weber	
			Signature of Ca		<u></u> urer
			0.9		
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ed before me, by the said		, t	his the	day
		hich, witness my hand and			
Signature of officer	administering oath	Printed name of officer admi	nistering oath	Title of office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 13

	3 of 13					
17 CON	MITTE	EE NAME	18 Filer ID	(Ethics Comr	nission Filers)	
Hoc	hheim	Prairie Political Action Committee	00069233			
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				\$	806.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$		
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$		
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$		
9.	X	SCHEDULE E: LOANS		\$	0.00	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,000.00	
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		
				•		

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instru	ction Guide explains how to	complete this form	m.		al pages Schedule A1: n: 1/7 Rpt: 4/13			
2	FILER NAME Hochheim P	rairie Political Action Committee				r ID (Ethics Commission 069233	n Filers)		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 12/01/2023 Brewer, Lynn 6 Contributor address; City; State; Zip Code Yoakum, TX 77995		7 Am	ount of Contribution (\$)	\$90.00				
8	Principal occu Vice Preside	pation / Job title (See Instructions) nt		Employer (See Instructions Hochheim Prairie Insura	ince				
	Date 12/15/2023	Full name of contributor Brewer, Lynn Contributor address; City; State; Yoakum, TX 77995	out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	\$90.00		
	Principal occupation / Job title (See Instructions) Vice President Employer (See Instruction Hochheim Prairie Insu								
	Date 12/01/2023	Full name of contributor Bridges, Jimmy Contributor address; City; State;	out-of-state PAC (ID#:		Amo	ount of Contribution (\$)	\$25.00		
		Lubbock, TX 79424							
		pation / Job title (See Instructions) epresentative		Employer (See Instructions Hochheim Prairie Insura	•				
	Date 12/15/2023	Full name of contributor Bridges, Jimmy Contributor address; City; State; Lubbock, TX 79424	out-of-state PAC (ID#:		Amo	ount of Contribution (\$)	\$25.00		
	·	pation / Job title (See Instructions) epresentative		Employer (See Instructions Hochheim Prairie Insura					
	Date 12/01/2023	Full name of contributor Caldwell, Matthew (Mr.) Contributor address; City; State; Chriesman, TX 77838	out-of-state PAC (ID#:		Amo	ount of Contribution (\$)	\$5.00		
	Principal occu Claims Repr	pation / Job title (See Instructions) esentative		Employer (See Instructions Hochheim Prairie Insura					

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/13	
2	FILER NAME	unitinia Dalikinal Ankina Commikka	_		3	Filer ID (Ethics Commission	Filers)
	Hochneim P	rairie Political Action Committe	e 		L	00069233	
4	Date 12/15/2023	5 Full name of contributor [Caldwell, Matthew (Mr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Chriesman, TX 77838					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Claims Repr	esentative		Hochheim Prairie Insura	anc	е	
_	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	12/01/2023	Gearson, Tracey	out of state 1 Ac (ID#	· · · · · · · · · · · · · · · · · · ·		randant of Continuation (¢)	\$10.00
	12/01/2023		to, Zin Codo				Ψ10.00
		Contributor address; City; Sta	te; Zip Code				
		Yoakum, TX 77995					
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) 		
				Hochheim Prairie Insura		e	
_		l = u	<u>l</u>		T		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 40.00
	12/15/2023	Gearson, Tracey					\$10.00
		Contributor address; City; Sta	te; Zip Code				
		V I					
		Yoakum, TX 77995			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions			
	Underwriter			Hochheim Prairie Insura	anc	e 	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2023	Gloor, Carol					\$20.00
		Contributor address; City; Sta	te; Zip Code		1		
		Shiner, TX 77984					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Mark	eting Coordinator		Hochheim Prairie Insura	anc	е	
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	12/15/2023	Gloor, Carol		/		(+)	\$20.00
	,,		to: 7in Codo		-		+=0.00
		Contributor address, City, Sta	ite, zip Code				
		Shiner, TX 77984					
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		eting Coordinator		Hochheim Prairie Insura		e	
\vdash	John Mark	oung oodiamator		. Toolingiii i ruine insule	10		

	MONETARY POLITICAL CONTRIBUTIONS				■ A1		
	The Instru	ction Guide explains how	to complete this for	m.	I	al pages Schedule A1: h: 3/7 Rpt: 6/13	
2	FILER NAME				I	er ID (Ethics Commission	Filers)
		rairie Political Action Committe				069233	
4	Date 12/01/2023	5 Full name of contributorJank, Mitchell6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7 Am	ount of Contribution (\$)	\$5.00
		Meyersville, TX 77974					
8		pation / Job title (See Instructions	9	Employer (See Instructions			
	Underwriter			Hochheim Prairie Insura	ance		
	Date 12/15/2023	Full name of contributor Jank, Mitchell Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	Am	ount of Contribution (\$)	\$5.00
		Meyersville, TX 77974					
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Underwriter			Hochheim Prairie Insura	ance		
	Date 12/01/2023	Full name of contributor Knezek, Kathy Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	Am	ount of Contribution (\$)	\$10.00
		Yoakum, TX 77995					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l </u>		
	Financial Ac		,	Hochheim Prairie Insura			
	Date 12/15/2023	Full name of contributor Knezek, Kathy Contributor address; City; St Yoakum, TX 77995	out-of-state PAC (ID#:ate; Zip Code		Am	ount of Contribution (\$)	\$10.00
	Principal occu Financial Acc	pation / Job title (See Instructions countant)	Employer (See Instructions Hochheim Prairie Insura			
	Date 12/01/2023	Full name of contributor Kopecky, Catherine Contributor address; City; St Yoakum, TX 77995	out-of-state PAC (ID#:		Am	ount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Da	ata Analyst		Hochheim Prairie Insura	ance		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/13	
2	FILER NAME	rairie Political Action Committe	Α		3	Filer ID (Ethics Commission 00069233	Filers)
_					<u> </u>		
4	Date 12/15/2023	5 Full name of contributor [Kopecky, Catherine 6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
		Yoakum, TX 77995	io, 21p 00d0				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;) [
ľ	Insurance Da			Hochheim Prairie Insura		е	
	IIISUIUIICC D			- Tiodinienii i Taine insare			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2023	Miculka, Eric (Mr.)					\$10.00
		Contributor address; City; Sta	te; Zip Code				
		Yoakum, TX 77995					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Data Analyst Hochheim Prairie Insura			anc	e		
_	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	12/15/2023	Miculka, Eric (Mr.)		/		(+)	\$10.00
	12/10/2020		to: 7in Codo		ŀ		Ψ10.00
		Contributor address; City; Sta	ite, zip Code				
		Yoakum, TX 77995					
_	Dringing Cook			Employer (See Instructions	., 		
		pation / Job title (See Instructions)		Hochheim Prairie Insura		0	
	Insurance D			Hodinelli Piane insura	uic	ਦ 	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2023	Ressler, Shelley					\$5.00
		Contributor address; City; Sta	te; Zip Code		1		
		Yoakum, TX 77995					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Marketing C	oordinator		Hochheim Prairie Insura	anc	e	
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	12/15/2023	Ressler, Shelley	out of state 1740 (IBII.	,		7 and and 61 Gentalization (4)	\$5.00
	12/10/2020		to, 7in Codo		ŀ		Ψ0.00
		Contributor address; City; Sta	ite, zip Code				
		Voolum TV 77005					
<u> </u>	Dulmain - L	Yoakum, TX 77995	i	Franks on (Co. Instruction	<u></u>		
		pation / Job title (See Instructions)		Employer (See Instructions		•	
	Marketing C	บบานเทลเบา		Hochheim Prairie Insura	ti 1C	e 	
ı							

	MONETARY POLITICAL CONTRIBUTIONS				E A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/13	
2	FILER NAME	rairie Political Action Committee			3	Filer ID (Ethics Commission 00069233	n Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
-	12/01/2023	Schmidt, Linda (Ms.) 6 Contributor address; City; State		,		,	\$150.00
		Yoakum, TX 77995					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	President			Hochheim Prairie Insura	inc	e	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	12/15/2023	Schmidt, Linda (Ms.)	out of state 1710 (1511			γ αποαπε οι · σοπαποαποπ (ψ)	\$150.00
		Contributor address; City; State	· 7in Code				,
		Contributor address, City, State	, 21p 0000				
		Yoakum, TX 77995					
	Principal occupation / Job title (See Instructions) Employer (See Instructions			5)			
	President Hochheim Prairie Insu			ance	e		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2023	Staton, Carrie		_			\$10.00
	Contributor address; City; State; Zip Code						
		Lockhart, TX 78644					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Marketing R	epresentative		Hochheim Prairie Insura	ance	9	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/15/2023	Staton, Carrie					\$10.00
		Contributor address; City; State	; Zip Code				
		Lockhart, TX 78644			<u> </u>		
	·	pation / Job title (See Instructions)		Employer (See Instructions		_	
	Marketing Re	epresentative 		Hochheim Prairie Insura	inc		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2023	Stewart, Donna					\$10.00
		Contributor address; City; State	; Zip Code				
		Edno TV 77057					
	Delegaler - L	Edna, TX 77957	1	Employer (Ca - In-ture)	<u></u>		
		pation / Job title (See Instructions)		Employer (See Instructions Hochheim Prairie Insura		2	
	Claim Repre	Senialive		nounneim Praine insura	u IC	.	

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/13	
2	FILER NAME Hochheim P	rairie Political Action Committe	e		3	Filer ID (Ethics Commission 00069233	Filers)
4	Date 12/15/2023	5 Full name of contributorStewart, Donna6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
L		Edna, TX 77957	1-		<u> </u>		
8	Claim Repre			Employer (See Instructions Hochheim Prairie Insura			
	Date 12/01/2023	Full name of contributor Tate, Barry Contributor address; City; Sta)		Amount of Contribution (\$)	\$3.00
	Dringing aggr	lowa Park, TX 76367		Employer (See Instructions	·/-		
	Principal occupation / Job title (See Instructions) Claim Representative Employer (See Instruction Hochheim Prairie Insur				e		
	Date 12/15/2023	Full name of contributor Tate, Barry Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$3.00
		Iowa Park, TX 76367					
	Principal occu Claim Repre	pation / Job title (See Instructions) sentative		Employer (See Instructions Hochheim Prairie Insura		е	
	Date 12/01/2023	Full name of contributor Taylor, Kim Contributor address; City; Sta Yoakum, TX 77995	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Hochheim Prairie Insura		e	
	Date 12/15/2023	Full name of contributor Taylor, Kim Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Hochheim Prairie Insura		e	
			·				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/13
2	FILER NAME Hochheim Prairie Political Action Committee	3 Filer ID (Ethics Commission Filers) 00069233
4	Date 12/01/2023 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$5.00
	Yoakum, TX 77995	
8		(See Instructions) m Prairie Insurance
	Date Full name of contributor ☐ out-of-state PAC (ID#:	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code	
	Yoakum, TX 77995 Principal occupation / Job title (See Instructions) Employer	(See Instructions)
		m Prairie Insurance

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
T	he Instruction Guide ex	plains how to comp	lete this form.	1	Total pages Sche Sch: 1/1 Rpt: 1	
2 FILER N	IAME im Prairie Political Action Co	nmittee		3	Filer ID (Et	hics Commission Filers)
4 TOTAL	OF UNITEMIZED PLED	GES			\$	0.00
5 Date	6 Full name of pledgor7 Pledgor Address;	out-of-state PAC (II		_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Fleugol Address,	City, State, Zip Co	ue			
10 Principa	l occupation / Job title (See Instri	uctions)	11 Employer (See In:	otru oti		tside of Texas. Complete Schedule T.
10 i illicipa	r dedupation / dob title (dee main	10110113)	Employer (See III.	Suucu	ons)	

	LOANS					SCHEDUL	E E
	The Instructio	on Guide explains how	to complete this f	orm.	1	iges Schedule E: 1 Rpt: 12/13	
	FILER NAME Hochheim Prairie Political Action Committee			3 Filer ID 000692	(Ethics Commission Fi	ilers)	
4 .	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
1	Is lender a financial institution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions	5)	13 Employer (See Instruction:	5)		
14 [Description of Coll None	ateral		15 Check if personal funds w	ere deposited	d into political account (See Instructions)	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarantee	d (\$)
[not applicable	18 Guarantor address;	City; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction:	s)	1	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 13/13	Hochheim Prairie Political Action Committee 00069233
4 Date	5 Payee name
12/22/2023	Briscoe Cain Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 7
Expenditure from corporate funds	Deer Park, TX 77536
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/22/2023	Lacey Hull Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 19231
Expenditure from corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donation
0 1 0 0 1 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held