FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00064964 3 COMMITTEE NAME **OFFICE USE ONLY HS LAW PAC** Date Received **ELECTRONICALLY FILED** 01/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 400 W. 15th Street 950 Change of Address AUSTIN, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Jay B. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Stewart CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 400 W. 15th St., Ste. 950 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 400 W. 15th St., Ste. 950 MAILING **ADDRESS** Change of Address TX **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 479-8888 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 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2023 12/25/2023 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
HS LAW PAC			0006496	4
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
	of election and nature of issue.)	B. Opposed		
	3. Officeholders	Todd Hunter State Represent	ative	
	Assisted (Identify by name or, if applicable, classify by party.)			
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	8,350.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	83,824.75
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	<u> </u>		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Jav	B. Stewart	
		Signature of Ca		surer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, t	his the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of of	ficer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 3 of 11
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HS LAW PAC				00064964	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed			
paper to complete this report if necessary.)					
	2. 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.)		Will Metcalf State Representativ	ve	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)		Stan Lambert State Representa	tive	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)		Charlie Geren State Representa	ative	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

					Page 4 of 11
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HS LAW PAC				00064964	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. SupportedB. Opposed			
paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and)	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Armando Walle State Represen	tative	
COMMITTEE	Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)		Chris Turner State Representati	ve	
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if		Bryan Hughes State Senator		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 5 of 11
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HS LAW PAC				00064964	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)		Lois Kolkhorst State Senator		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Ken King State Representative		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)		Kronda Timesch State Represer	ntative	

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 6 of 11 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) **HS LAW PAC** 00064964 14 COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Justin Holland State Representative Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			7 01 11
17 COMMITTE HS LAW F	(Ethics Commission Filers)		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
9.	9. SCHEDULE E: LOANS		\$
10. X	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 8,350.00
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
13.	13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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:	
Sch: 1/4 Rpt: 8/11	HS LAW PAC 00064964
4 Date	5 Payee name
12/12/2023	Armando Walle Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	150 West Parker Rd.
	Ste 700
Expenditure from corporate funds	Houston, TX 77076
8 PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/06/2023	Bryan Hughes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 450
Expenditure from corporate funds	Mineola, TX 75773
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/04/2023	Charlie Geren Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1440
φ1,000.00	1 0 000 1440
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitire to belieff C/OI	
<u></u>	

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 9/11	HS LAW PAC	00064964
4 Date	5 Payee name	<u>'</u>
12/06/2023	Chris Turner Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,000.00	PO Box 182093	
— Foresaditore from		
Expenditure from corporate funds	Arlington, TX 76096	
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	Check if Austin, TX, officeholder living expense Campaign Contribution
		Campaign Continuution
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht Office held
expenditure to benefit C/O		gitt Office field
Date	Payee name	
12/04/2023	Justin Holland Campaign	
Amount (\$)	Payee address; City; State; Zip Co	ando
\$1,000.00	3021 Ridge Rd. Ste A Box 79	oue -
\$1,000.00	3021 Ridge Rd. Ste A Box 19	
Expenditure from corporate funds	Rockwall, TX 75032	
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	Check if Austin, TX, officeholder living expense Campaign Contribution
		Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sou	l aht Office held
expenditure to benefit C/O		•
Date	Payee name	
12/07/2023	Ken King Campaign	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$500.00	PO Box 517	
Expenditure from corporate funds	Canadian, TX 79014	
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.
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		onice neid

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Populations Made By

Contributions/ Populations/ P

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 (outer a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 10/11	HS LAW PAC 00064964
4 Date	5 Payee name
12/20/2023	Legislative Solutions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$350.00	PO Box 5643
Expenditure from	
corporate funds	Austin, TX 78763
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	In Kind Contribution to For Kronda Timesch Event
	Email Blast.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/01/2023	Lois Kolkhorst Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2546
Expenditure from corporate funds	Brenham, TX 77834
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.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/05/2023	Stan Lambert Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	547 Chestnut
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Abilene, TX 79602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

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 Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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 (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/4 Rpt: 11/11	2 FILER NAME HS LAW PAC 3 Filer ID (Ethics Commission Filers) 00064964
4 Date 12/05/2023	5 Payee name Todd Hunter Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 15217 SPID, Ste. #205
Expenditure from corporate funds	Corpus Christi, TX 78418
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 11/30/2023 Amount (\$)	Payee name Will Metcalf Campaign Payee address; City; State; Zip Code
\$500.00	PO Box 454
Expenditure from corporate funds	Conroe, TX 77305
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held