#### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM MPAC COVER SHEET PG 1

Tł	The MPAC Instruction Guide explains how to complete this form.          1       Filer ID       2       Total pages filed:         (Ethics Commission Filers)       00069233       19				
3	COMMITTEE NAME		•	OFFICE USE ONLY	
	Hochheim Prairie F	Political Action Committee			
				Date Received	
				ELECTRONICALLY FILED	
				01/26/2024	
4	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	
5	CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered of Date Fostillarked	
ľ	TREASURER	Mr. David T.		Receipt # Amount	
	NAME	MI. David I.			
				Date Processed	
		NICKNAME LAST	SUF		
		Weber		Date Imaged	
				, i i i i i i i i i i i i i i i i i i i	
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #; CITY;	STATE; ZIP CODE	
ľ	TREASURER	500 U.S. Hwy 77A S.			
	STREET	500 0.3. Hwy HA 3.			
	ADDRESS (Residence or Business)				
	,	Yoakum, TX 77995-1399			
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE	
	TREASURER MAILING	500 U.S. Hwy 77A South			
	ADDRESS	-			
	Change of Address	Yoakum, TX 77995-1399			
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
	TREASURER PHONE	(361) 293-1021			
	FHONE	(301) 233-1021			
9	REPORT TYPE		10th day after campaign		
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)	
10	MONTHLY				
-`	REPORT FILING	January 5 Apri	I 5 July 5	October 5	
	DEADLINE	X February 5 May	5 August 5	November 5	
		X February 5 May	S August S	November 5	
		March 5 June	e 5 September 5	December 5	
11	PERIOD	Month Day Year	Mon	th Day Year	
	COVERED	12/26/2023	THROUGH 01/2	25/2024	
⊢					
		GO	TO PAGE 2		
Fo	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.9000c47f				

#### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Hochheim Prairie Politic	al Action Committee		00069233	3
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
	approable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	0. Макалина	A Supported		
	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.)			
15 CONTRIBUTION TOTALS		) POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR		
	CONTRIBUTIONS M	ADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICA	qualifies for the higher itemization threshold		
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,209.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA			
			\$	8,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	19,570.06
OUTSTANDING	6. TOTAL PRINCIPAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF 1	THE	
LOAN TOTALS	LAST DAY OF THE I	REPORTING PERIOD	\$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me
		Mr. David	l T. Weber	
		Signature of Ca	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	hefore me by the said	, tł	nis the	day
		which, witness my hand and seal of office.		uay
	,, to collary .			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer administering oath
	-	Ŭ		č
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c471

#### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3 3 of 19

17 COM			18 Filer ID	(Ethics	s Commission Filers)
		Prairie Political Action Committee	00069233	1	
19 SCHE NAME	EDULE E OF \$	s	SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,209.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR 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.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	8,000.00
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

l				
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/19	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	rairie Political Action Committee		00069233	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/29/2023	Brewer, Lynn			\$90.00
	6 Contributor address; City; State; Zip Code			
	Yoakum, TX 77995			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Vice Preside	nt	Hochheim Prairie Insura	ance	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/12/2024	Brewer, Lynn			\$90.00
	Contributor address; City; State; Zip Code			
	Yoakum, TX 77995			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Vice Preside	nt	Hochheim Prairie Insura	ance	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/25/2024	Brewer, Lynn	/		\$90.00
01, 20, 212	Contributor address; City; State; Zip Code			ΨC 0
	Continuation address, City, State, Zip Code			
	Yoakum, TX 77995			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Vice Preside		Hochheim Prairie Insura		
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
12/29/2023	Bridges, Jimmy			\$25.00
	Contributor address; City; State; Zip Code		4	
	Lubbock, TX 79424			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Marketing Re	epresentative	Hochheim Prairie Insura	ance	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)	
01/12/2024	Bridges, Jimmy		···· 、.	\$25.00
	Contributor address; City; State; Zip Code		4	
	Lubbock, TX 79424			
Principal occur	I pation / Job title (See Instructions)	Employer (See Instructions	5)	
	epresentative	Hochheim Prairie Insura		
	<u> </u>	<u> </u>		

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/19	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Prairie Political Action Committee		00069233	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/25/2024	- 5 - 7 - 5		\$	\$25.00
	6 Contributor address; City; State; Zip Code		•	
	Lubbock, TX 79424			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Marketing R	Representative	Hochheim Prairie Insura	ance	
Date	Full name of contributor out-of-state PAC (ID#:_	· ·)	Amount of Contribution (\$)	
12/29/2023	Caldwell, Matthew (Mr.)			\$5.00
	Contributor address; City; State; Zip Code			
	Chriesman, TX 77838			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Claims Repr	resentative	Hochheim Prairie Insura	ance	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
01/12/2024	Caldwell, Matthew (Mr.)	,		\$5.00
<u>.</u>	Contributor address; City; State; Zip Code			Ψ
	Chriesman, TX 77838			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Claims Repr		Hochheim Prairie Insura	·	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
01/25/2024	Caldwell, Matthew (Mr.)	/		\$5.00
01/20/202				Ψ0.02
	Contributor address; City; State; Zip Code			
	Chriesman, TX 77838			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 c)	
Claims Repr		Hochheim Prairie Insura	·	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/29/2023			φ	\$10.00
	Contributor address; City; State; Zip Code			
	Yoakum, TX 77995			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Underwriter		Hochheim Prairie Insura	ance	

SCHEDULE A	1\
------------	----

	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/19	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
	Hochheim P	rairie Political Action Committee		00069233	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
	01/12/2024	Gearson, Tracey		\$10.	.00
	l	6 Contributor address; City; State; Zip Code		1	
	I				
	I				
		Yoakum, TX 77995			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions		
	Underwriter		Hochheim Prairie Insura	ance	
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
	01/25/2024	Gearson, Tracey		\$10.	.00
	I	Contributor address; City; State; Zip Code		1	
	I				
	I				
		Yoakum, TX 77995	-		
		pation / Job title (See Instructions)	Employer (See Instructions		
	Underwriter		Hochheim Prairie Insura	ance	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/29/2023	Gloor, Carol		\$20.	.00
	I	Contributor address; City; State; Zip Code		1	
	I				
	I				
		Shiner, TX 77984	1		
	-	Ipation / Job title (See Instructions)	Employer (See Instructions		
	Senior Marke	eting Coordinator	Hochheim Prairie Insura		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	01/12/2024	Gloor, Carol		\$20.	.00
	I	Contributor address; City; State; Zip Code			
	I				
	I				
$\vdash$	Duin single easy	Shiner, TX 77984		Į	
		ipation / Job title (See Instructions)	Employer (See Instructions Hochheim Prairie Insura	,	
		eting Coordinator			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	01/25/2024	Gloor, Carol		\$20.	.00
	I	Contributor address; City; State; Zip Code			
	I				
	I	Chinar TV 77004			
$\vdash$	Dringing oppu	Shiner, TX 77984			
		ipation / Job title (See Instructions) eting Coordinator	Employer (See Instructions Hochheim Prairie Insura		

SCHEDULE	A1
----------	----

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/19	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	- Prairie Political Action Committee		00069233	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/29/2023				\$5.00
	6 Contributor address; City; State; Zip Code		1	
	Meyersville, TX 77974			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Underwriter		Hochheim Prairie Insura	ance	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/12/2024				\$5.00
	Contributor address; City; State; Zip Code		1	
	Meyersville, TX 77974			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Underwriter		Hochheim Prairie Insura	ance	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
01/25/2024				\$5.00
	Contributor address; City; State; Zip Code			
	Meyersville, TX 77974			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Underwriter		Hochheim Prairie Insura	ance	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
12/29/2023	Knezek, Kathy		4	\$10.00
	Contributor address; City; State; Zip Code		1	
	Yoakum, TX 77995			
	upation / Job title (See Instructions)	Employer (See Instructions		
Financial Ac	countant	Hochheim Prairie Insura	ance	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/12/2024	Knezek, Kathy		4	\$10.00
	Contributor address; City; State; Zip Code		•	
	Yoakum, TX 77995			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Financial Ac	countant	Hochheim Prairie Insura	ance	

SCHEDULE A	1\
------------	----

I				
The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/19	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	ers)
Hochheim P	Prairie Political Action Committee		00069233	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/25/2024			\$.	510.00
	6 Contributor address; City; State; Zip Code		1	
		I		
		I		
= · · · -! >=	Yoakum, TX 77995			
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
Financial Ac		Hochheim Prairie Insura		
Date	——————————————————————————————————————	)	Amount of Contribution (\$)	
12/29/2023	Kopecky, Catherine		\$2	\$20.00
	Contributor address; City; State; Zip Code			
		I		
	Yoakum, TX 77995	I		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Insurance D	,	Hochheim Prairie Insura		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
01/12/2024	Kopecky, Catherine	/		\$20.00
V ±, ±=, = -			•	20.0
		I		
		I		
	Yoakum, TX 77995			
	upation / Job title (See Instructions)	Employer (See Instructions		
Insurance D	ata Analyst	Hochheim Prairie Insura	ance	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/25/2024	Kopecky, Catherine		\$2	\$20.00
	Contributor address; City; State; Zip Code		1	
		I		
		I		
Dringinal occu	Yoakum, TX 77995	Employer (See Instruction	<u> </u>	
Principal occu Insurance D	upation / Job title (See Instructions) Data Analyst	Employer (See Instructions Hochheim Prairie Insura		
	-			
Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
TTITAL	Miculka, Eric (Mr.)		Ψ-	\$10.00
	Contributor address; City; State; Zip Code	I		
	Yoakum, TX 77995			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Insurance D		Hochheim Prairie Insura		
		<u> </u>		

SCHEDULE A	1\
------------	----

			1	
The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/19		
2 FILER NAME		3 Filer ID (Ethics Commission File	ers)	
Hochheim Pr	rairie Political Action Committee	00069233		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/12/2024	Miculka, Eric (Mr.)		\$	\$10.00
	6 Contributor address; City; State; Zip Code			
	l			
	l			
	Yoakum, TX 77995			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Insurance Da	ata Analyst	Hochheim Prairie Insura	ance	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/25/2024	Miculka, Eric (Mr.)		\$	\$10.00
	Contributor address; City; State; Zip Code		]	
	Varium TV 7700F			
Drincinal occur	Yoakum, TX 77995 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Insurance Da		Hochheim Prairie Insura		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	ቀር ባበ
12/29/2023				\$5.00
	Contributor address; City; State; Zip Code			
	Yoakum, TX 77995			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Marketing Co	oordinator	Hochheim Prairie Insura	ance	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
01/12/2024	Ressler, Shelley			\$5.00
	Contributor address; City; State; Zip Code			
	Yoakum, TX 77995			
Princinal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Marketing Co		Hochheim Prairie Insura		
Date			1	
01/25/2024	Full name of contributor out-of-state PAC (ID#: Ressler, Shelley	)	Amount of Contribution (\$)	\$5.00
01/20/2021	Contributor address; City; State; Zip Code		•	ψ0.00
	Continuation address, City, State, Zip Code			
	Yoakum, TX 77995			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Marketing Co	oordinator	Hochheim Prairie Insura	ance	
Marketing Co	ordinator	Hochheim Prairie Insura	ance	

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/19		
2 FILER NAME		3 Filer ID (Ethics Commission	ı Filers)	
	rairie Political Action Committee		00069233	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/29/2023	Schmidt, Linda (Ms.)			\$150.00
	6 Contributor address; City; State; Zip Code			
	Yoakum, TX 77995	i		
	pation / Job title (See Instructions)	9 Employer (See Instructions		
President		Hochheim Prairie Insura	ance	
Date		)	Amount of Contribution (\$)	
01/12/2024	Schmidt, Linda (Ms.)			\$150.00
	Contributor address; City; State; Zip Code			
	Yoakum, TX 77995	1		
	pation / Job title (See Instructions)	Employer (See Instructions		
President		Hochheim Prairie Insura	ance	
Date		)	Amount of Contribution (\$)	
01/25/2024	Schmidt, Linda (Ms.)			\$150.00
	Contributor address; City; State; Zip Code			
	Vac/www. TV 7700E			
Duincipal acou	Yoakum, TX 77995		<u> </u>	
Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Hochheim Prairie Insura		
Date		)	Amount of Contribution (\$)	
12/29/2023	Staton, Carrie			\$10.00
	Contributor address; City; State; Zip Code			
	Lookhart TV 79644			
Dringinal occur	Lockhart, TX 78644			
	pation / Job title (See Instructions) epresentative	Employer (See Instructions Hochheim Prairie Insura		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	÷10.00
01/12/2024	01/12/2024 Staton, Carrie			\$10.00
	Contributor address; City; State; Zip Code			
	Lockhart, TX 78644			
Dringinal occur				
	pation / Job title (See Instructions) epresentative	Employer (See Instructions Hochheim Prairie Insura		

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/19	
2	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	Hochheim P	rairie Political Action Committee		00069233
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	01/25/2024	Staton, Carrie		\$10.0
		6 Contributor address; City; State; Zip Code		
	I			
	I			
		Lockhart, TX 78644	I	
		ipation / Job title (See Instructions)	9 Employer (See Instructions	
	Marketing Re	epresentative	Hochheim Prairie Insura	
	Date		)	Amount of Contribution (\$)
	12/29/2023			\$10.0
	I	Contributor address; City; State; Zip Code		
	I			
	I	Edna, TX 77957		
	Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Claim Repre		Hochheim Prairie Insura	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	01/12/2024	Stewart, Donna		\$10.0
	I	Contributor address; City; State; Zip Code		
	I			
	l	Edna, TX 77957		
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
	Claim Repre	sentative	Hochheim Prairie Insura	ance
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	01/25/2024	Stewart, Donna		\$10.0
	I	Contributor address; City; State; Zip Code		
	l			
	I			
		Edna, TX 77957		
		ipation / Job title (See Instructions)	Employer (See Instructions	
	Claim Repre	sentative	Hochheim Prairie Insura	ance
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/29/2023	Tate, Barry		\$3.0
	I	Contributor address; City; State; Zip Code		
	I	Lowo Dork TV 76967		
$\vdash$	Drizainal agou	Iowa Park, TX 76367	Employer (Cool Instructions	
	Claim Repre	Ipation / Job title (See Instructions)	Employer (See Instructions Hochheim Prairie Insura	
L		sentative		

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/19         2 FILER NAME Hochheim Prairie Political Action Committee       3 Filer ID (Ethics Commiss 00069233         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)         7 Amount of Contribution (\$)	
Hochheim Prairie Political Action Committee       00069233         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)	ſ
Hochheim Prairie Political Action Committee       00069233         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)	on Filers)
	-
01/12/2024 Tate, Barry	\$3.00
6 Contributor address; City; State; Zip Code	
Iowa Park, TX 76367	
<ul> <li>8 Principal occupation / Job title (See Instructions)</li> <li>9 Employer (See Instructions)</li> </ul>	
Claim Representative Hochheim Prairie Insurance	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	
01/25/2024 Tate, Barry	\$3.00
Contributor address; City; State; Zip Code	
Jowa Dark, TV 76267	
Iowa Park, TX 76367       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
Principal occupation / Job title (See Instructions)Employer (See Instructions)Claim RepresentativeHochheim Prairie Insurance	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/29/2023       Taylor, Kim	\$25.00
	<b>ΦΖΟ.</b> Ου
Contributor address; City; State; Zip Code	
Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Manager Hochheim Prairie Insurance	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
01/12/2024 Taylor, Kim	\$25.00
Contributor address; City; State; Zip Code	
Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager       Hochheim Prairie Insurance         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager       Hochheim Prairie Insurance         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/25/2024       Taylor, Kim       Image: Contribution (\$)       Image: Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager       Hochheim Prairie Insurance         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager       Hochheim Prairie Insurance         Date       Full name of contributor       out-of-state PAC (ID#:)         01/25/2024       Taylor, Kim       Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager       Hochheim Prairie Insurance         Date       Full name of contributor out-of-state PAC (ID#:)         01/25/2024       Taylor, Kim         Contributor address; City; State; Zip Code       Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager       Hochheim Prairie Insurance         Date       Full name of contributor out-of-state PAC (ID#:)         01/25/2024       Taylor, Kim         Contributor address; City; State; Zip Code         Yoakum, TX 77995	\$25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager       Hochheim Prairie Insurance         Date       Full name of contributor       out-of-state PAC (ID#:)         01/25/2024       Taylor, Kim       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Yoakum, TX 77995         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	\$25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager       Hochheim Prairie Insurance         Date       Full name of contributor       out-of-state PAC (ID#:)         01/25/2024       Taylor, Kim       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Yoakum, TX 77995	\$25.00

			1
The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/19
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Hochheim F	Prairie Political Action Committee		00069233
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/29/2023	Wilson, Christopher		\$5.00
	6 Contributor address; City; State; Zip Code		
	Yoakum, TX 77995		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Underwriter		Hochheim Prairie Insura	ance
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
01/12/2024	<u> </u>	······································	\$5.00
	Contributor address; City; State; Zip Code		
	Yoakum, TX 77995		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Underwriter		Hochheim Prairie Insura	ance
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
01/25/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Yoakum, TX 77995		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	S)
Underwriter		Hochheim Prairie Insura	ance

# PLEDGED CONTRIBUTIONS

SCHEDULE	З
----------	---

	The Instruction Guide explains how to complete this form.					Total pages S Sch: 1/1 Rp			
2	FILER NAME	E			3	Filer ID	(Ethics (	Commission Filers)	
	Hochheim F	Prairie Political Action Comr	nittee			00069233			
4	<sup>4</sup> TOTAL OF UNITEMIZED PLEDGES				\$			0.00	
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:_	)	8	Amount of pledge (\$)	9   	In-kind description (If applicable)	
		7 Pledgor Address;	City; State; Zip Code			Check if trave	I I I I el outside	of Texas. Complete Sch	iedule T.
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instru	ctio	ns)				

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 15/19
2 FILER NAME Hochheim Prairie Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00069233
<sup>4</sup> TOTAL OF UNITEMIZED LOANS	\$ 0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:	<b>9</b> Loan Amount (\$)
6 Is lender a financial institution? 8 Lender address; City; State; Zip C	
	11 Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) <b>13</b> Employ	rer (See Instructions)
14 Description of Collateral     15 Check i       None     Image: Check i	f personal funds were deposited into political account (See Instructions)
16     GUARANTOR     17     Name of guarantor       INFORMATION     INFORMATION	19 Amount Guaranteed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip C	ode
20 Principal occupation 21 Employ	rer (See Instructions)

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo - Gi Committee Le	ent Expense es od/Beverage Expense t/Awards/Memorials Expense gal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense e Printing Expense Salaries/Wages/Contract Labor splains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME				<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 1/4 Rpt: 16/19	Hochheim Pra	Hochheim Prairie Political Action Committee         00069233				
4 Date	5 Payee name					
01/09/2024	Brad Buckley	Campaign				
6 Amount (\$)	7 Payee address;	City; Sta	ate; Zip Code			
\$500.00	1321 Pershing	g Drive				
Expenditure from corporate funds	Killeen, TX 76	549				
8 PURPOSE	(a) Category (See	Categories listed at the top of this	schedule) (b)	Description		
OF EXPENDITURE		Donations Made By iceholder/Political Con	nmittee		outside of Texas. Complete Schedule T. , TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Office	holder name	Office sought		Office held	
Date	Payee name					
01/09/2024	Cole Hefner fo	or State Representative	е			
Amount (\$)	Payee address;	City; Sta	ate; Zip Code			
\$1,000.00	P.O. Box 167					
Expenditure from corporate funds	Mount Pleasa	nt, TX 75456				
PURPOSE OF EXPENDITURE	Contributions/	Categories listed at the top of this Donations Made By iceholder/Political Con			outside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sought		Office held	
Date	Payee name					
01/09/2024	Drew Darby C	campaign				
Amount (\$)	Payee address;	City; Sta	ate; Zip Code			
\$500.00	P.O. Box 3284	4				
Expenditure from corporate funds	San Angelo, 1	X 76902				
PURPOSE OF EXPENDITURE	Contributions/	Categories listed at the top of this Donations Made By iceholder/Political Con	····,		outside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sought		Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 2/4 Rpt: 17/19	Hochheim Prairie Political Action Committee00069233			
4 Date	5 Payee name			
01/17/2024	Dustin Burrows Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 2569			
Expenditure from corporate funds	Lubbock, TX 79408			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/09/2024	Ernest Bailes Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 1232			
Expenditure from corporate funds	Shepherd, TX 77371			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Donation</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/17/2024	Gary VanDeaver Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	P.O. Box 866			
Expenditure from corporate funds	New Boston, TX 75570			
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			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food//Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/4 Rpt: 18/19	Hochheim Prairie Political Action Committee 00069233			
4 Date	5 Payee name			
01/17/2024	Ken King Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	P.O. Box 517			
Expenditure from corporate funds	Canadian, TX 79014			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/24/2024	Nathan Johnson Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P. O. Box 670994			
Expenditure from corporate funds	Dallas, TX 75367-0994			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Donation</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/17/2024	Texans for Stan Lambert Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 3752			
Expenditure from corporate funds	Abilene, TX 79604			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> </ul>			
LAFLINDHURE	Candidate/Officeholder/Political Committee Donation			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a)         Event Expense       Loan Repayment/Reimbursement       Solicitation/Fundraising Expense         Fees       Office Overhead/Rental Expense       Transportation Equipment & Related Expense         Food/Beverage Expense       Polling Expense       Travel in District         Gift/Awards/Memorials Expense       Printing Expense       Travel Out of District         I Committee       Legal Services       Salaries/Wages/Contract Labor       OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 4/4 Rpt: 19/19	2       FILER NAME       3       Filer ID       (Ethics Commission Filers)         Hochheim Prairie Political Action Committee       00069233
4 Date 01/17/2024	5 Payee name Texans for Trent Ashby
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 412
Expenditure from corporate funds	Lufkin, TX 75902
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Donations</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held