CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00064964 14 Date Received COMMITTEE HS LAW PAC **ELECTRONICALLY FILED** NAME 03/29/2024 TREASURER Stewart, Jay B. (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) March 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 01/26/2024 02/25/2024 **EXPLANATION OF CORRECTION** 2 checks were accidentally missed from the report and caught upon reconciliation of the account. The error was corrected immediately. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Jay B. Stewart Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ _____, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

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** 03/29/2024 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 January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
HS LAW PAC			000649	964
4 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		
	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.)	James Talarico State Represe	entative	
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	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	17,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	54,224.75
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Jay	B. Stewart	
		Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of	officer administering oath

FORM MPAC ADDENDUM

					Page 4 of 14
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.)		Ernest Bailes State Represen	tative	
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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Greg Bonnen State Represen	itative	
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.)		Hugh Shine State Representa	ative	

FORM MPAC **ADDENDUM**

					Page 5 of 14
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HS LAW PAC				00064964	
ACTIVITY	1. Candidates (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.)		John Smithee State Representa	tive	
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.)		Jeff Leach State Representative		
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.)		Giovanni Capriglione State Rep	resentative	

FORM MPAC **ADDENDUM**

					Page 6 of 14
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	A. Supported			
	nature of issue.)	B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Stan Kitzman State Represer	ntative	
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.)		John Kuempel State Represe	entative	
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.)		Reggie Smith State Represer	ntative	

FORM MPAC ADDENDUM

					Page 7 of 14
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.)		Lacey Hull 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.)		Glenn Hegar Comptroller		
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.)		Ben Bumgarner State Represen	ntative	

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 8 of 14 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 Greg Abbott Governor Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			9 of 14
17 COMMITTEE NAME HS LAW PAC		18 Filer ID 00064964	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		•	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETA	ARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MO	ONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$
3. SCHEDULE B: PLEDGEI) CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETA ORGANIZATION	ARY CONTRIBUTIONS FROM CORPORATION (OR LABOR	\$
5. SCHEDULE C2: NON-MC LABOR ORGANIZATION	DNETARY (IN-KIND) CONTRIBUTIONS FROM C	ORPORATION OR	\$
6. SCHEDULE C3: MONETA	ARY SUPPORT FROM CORPORATION OR LAB	OR ORGANIZATION	\$
7. SCHEDULE C4: NON-MOORGANIZATION	DNETARY SUPPORT FROM CORPORATION OF	R LABOR	\$
8. SCHEDULE D: PLEDGEI	CONTRIBUTIONS FROM CORPORATION OR	LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. X SCHEDULE F1: POLITIC	AL EXPENDITURES FROM POLITICAL CONTRI	IBUTIONS	\$ 17,250.00
11. SCHEDULE F2: UNPAID	INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHA	ASE OF INVESTMENTS FROM POLITICAL CON	TRIBUTIONS	\$
13. SCHEDULE F4: EXPEND	ITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLI	FICAL EXPENDITURES FROM POLITICAL CON	TRIBUTIONS	\$
15. SCHEDULE K: INTEREST	, CREDITS, GAINS, REFUNDS, AND CONTRIB	UTIONS RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 1/5 Rpt: 10/14	HS LAW PAC 00064964
4 Date	5 Payee name
02/15/2024	Ben Bumgarner Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	5150 Kensington Ct.
Expenditure from corporate funds	Flower Mound, TX 75022
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 Campaign Contribution
	Campaign Continuution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payso nama
01/29/2024	Payee name Ernest Bailes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1000 Bailes Dairy Road
Expenditure from corporate funds	Shepherd, TX 77371
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/05/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 92007
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 11/14	HS LAW PAC 00064964
4 Date	5 Payee name
02/07/2024	Glenn Hegar Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	815-A Grazos Street, #389
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/31/2024	Greg Abbott Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 306
Expenditure from corporate funds	Austin, TX 78767
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/31/2024	Greg Bonnen Camlpaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1183
Expenditure from corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete CMI V if alian-	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

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
Condit Contributions

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter 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: 3/5 Rpt: 12/14	HS LAW PAC 00064964
4 Date	5 Payee name
01/30/2024	Hugh Shine Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 793
Ψ300.00	1 O BOX 133
Expenditure from corporate funds	Temple, TX 76503
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
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/31/2024	James Talarico Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 15207
Evpanditure from	
Expenditure from corporate funds	Austin, TX 78761
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 Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
02/08/2024	Jeff Leach Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 866186
Expenditure from	
corporate funds	Plano, TX 75086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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 Travel in District

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: 4/5 Rpt: 13/14	HS LAW PAC 00064964
4 Date	5 Payee name
02/07/2024	John Kuempel Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	523 E. Dongegan #102
Expenditure from corporate funds	Seguin, TX 78155
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 Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/13/2024	John Smithee Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	320 S. Polk
Expenditure from	1st Floor
corporate funds	Amarillo, TX 79101
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Lacey Hull Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 19231
Expenditure from corporate funds	Houston, TX 77224
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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 Committ

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 (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labo	
•	The Instruction Guide explains how to complete this form	1.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 14/14	HS LAW PAC	00064964
4 Date	5 Payee name	
02/07/2024	Reggie Smith Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	111A S Travis, Suite 5	
Expenditure from corporate funds	Sherman, TX 75090	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
OF		travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Austin, TX, officeholder living expense
	Campaig	n Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
·		
Date	Payee name	
02/06/2024	Stan Kitzman Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 553	
Expenditure from corporate funds	Pattison, TX 77466	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
OF EXPENDITURE	Continuations/Bonations wade by	travel outside of Texas. Complete Schedule T.
-	Carlaidato/Cinocitolaci/i Cinical Committee	Austin, TX, officeholder living expense
	Campaig	n Contribution
2 1 2 2 1 1 2 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experientare to benefit Great		