

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069233	2 Total pages filed: 12				
3 COMMITTEE NAME Hochheim Prairie Political Action Committee			<b>OFFICE USE ONLY</b>				
			Date Received ELECTRONICALLY FILED 03/27/2024				
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 500 U.S. Hwy. 77A S. Yoakum, TX 77995-1399		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #			
	Mr.	David T.		Amount			
	NICKNAME	LAST	SUFFIX	Date Processed			
		Weber		Date Imaged			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 500 U.S. Hwy 77A S. Yoakum, TX 77995-1399						
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 500 U.S. Hwy 77A South Yoakum, TX 77995-1399						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(361)	293-1021					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	02	26	2024		03	25	2024

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Hochheim Prairie Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00069233
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 766.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 19,202.06
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. David T. Weber  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Hochheim Prairie Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00069233
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 766.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,000.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/12
<b>2</b> FILER NAME Hochheim Prairie Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069233
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brewer, Lynn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$90.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President		<b>9</b> Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brewer, Lynn <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$90.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bridges, Jimmy <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Marketing Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bridges, Jimmy <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Marketing Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caldwell, Matthew (Mr.) <hr/> Contributor address; City; State; Zip Code  Chriesman, TX 77838	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Claims Representative		Employer (See Instructions) Hochheim Prairie Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/12
<b>2</b> FILER NAME Hochheim Prairie Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069233
<b>4</b> Date 03/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caldwell, Matthew (Mr.)	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Chriesman, TX 77838	
<b>8</b> Principal occupation / Job title (See Instructions) Claims Representative		<b>9</b> Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gearson, Tracey	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gearson, Tracey	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gloor, Carol	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
Principal occupation / Job title (See Instructions) Senior Marketing Coordinator		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gloor, Carol	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
Principal occupation / Job title (See Instructions) Senior Marketing Coordinator		Employer (See Instructions) Hochheim Prairie Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/12
<b>2</b> FILER NAME Hochheim Prairie Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069233
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jank, Mitchell <hr/> <b>6</b> Contributor address; City; State; Zip Code  Meyersville, TX 77974	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Underwriter		<b>9</b> Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jank, Mitchell <hr/> Contributor address; City; State; Zip Code  Meyersville, TX 77974	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knezek, Kathy <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Financial Accountant		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knezek, Kathy <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Financial Accountant		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miculka, Eric (Mr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance Data Analyst		Employer (See Instructions) Hochheim Prairie Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/12
<b>2</b> FILER NAME Hochheim Prairie Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069233
<b>4</b> Date 03/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miculka, Eric (Mr.)	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Data Analyst		<b>9</b> Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ressler, Shelley	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Marketing Coordinator		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ressler, Shelley	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Marketing Coordinator		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Linda (Ms.)	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Linda (Ms.)	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Hochheim Prairie Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/12
<b>2</b> FILER NAME Hochheim Prairie Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069233
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Staton, Carrie	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Lockhart, TX 78644	
<b>8</b> Principal occupation / Job title (See Instructions) Marketing Representative		<b>9</b> Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Staton, Carrie	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lockhart, TX 78644	
Principal occupation / Job title (See Instructions) Marketing Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Donna	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edna, TX 77957	
Principal occupation / Job title (See Instructions) Claim Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Donna	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edna, TX 77957	
Principal occupation / Job title (See Instructions) Claim Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tate, Barry	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Iowa Park, TX 76367	
Principal occupation / Job title (See Instructions) Claim Representative		Employer (See Instructions) Hochheim Prairie Insurance



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/12
<b>2</b> FILER NAME Hochheim Prairie Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069233
<b>4</b> Date 03/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tate, Barry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Iowa Park, TX 76367	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Claim Representative		<b>9</b> Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Kim <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Kim <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Christopher <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Christopher <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Hochheim Prairie Insurance

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 10/12

2 FILER NAME  
Hochheim Prairie Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00069233

4 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 travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 11/12
<b>2</b> FILER NAME Hochheim Prairie Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069233
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 12/12	<b>2</b> FILER NAME Hochheim Prairie Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00069233
<b>4</b> Date 03/07/2024	<b>5</b> Payee name Robert Nichols for Texas Senate	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 2347  Jacksonville, TX 75766	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held