FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069233 3 COMMITTEE NAME **OFFICE USE ONLY** Hochheim Prairie Political Action Committee Date Received **ELECTRONICALLY FILED** 06/27/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 500 U.S. Hwy. 77A S. Change of Address Yoakum, TX 77995-1399 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. David T. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Weber CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 500 U.S. Hwy 77A S. STREET **ADDRESS** (Residence or Business) Yoakum, TX 77995-1399 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 500 U.S. Hwy 77A South MAILING **ADDRESS** Change of Address Yoakum, TX 77995-1399 AREA CODE **CAMPAIGN** PHONE NUMBER **EXTENSION TREASURER PHONE** (361) 293-1021 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 05/26/2024 06/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Hochheim Prairie Pol	itical Action Committee		00069233	
14 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 B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	783.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	20,283.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	L		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
		Mr David	T. Weber	
		Signature of Car		urer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	is 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 offi	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 12

					3 of 12
17 CO	MMITTI	EE NAME	18 Filer ID	(Ethics Comr	nission Filers)
Hod	chheim	Prairie Political Action Committee	00069233		
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	783.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	Х	\$	0.00		
4.		\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		\$			
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	500.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
				•	

	MONEI	ARY POLITICAL CONTRIBU	JIION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/12	
2	FILER NAME Hochheim P	rairie Political Action Committee			3	Filer ID (Ethics Commission 00069233	ı Filers)
4	Date 05/31/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$90.00
		Yoakum, TX 77995					
8	Vice Preside		9	Employer (See Instructions Hochheim Prairie Insura			
	Date 06/14/2024	Full name of contributor out-of-state PA Brewer, Lynn Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$90.00
	Deinsinal assu	Yoakum, TX 77995		Franksian (Cook lastrustians	<u></u>		
	Vice Preside	pation / Job title (See Instructions) ent		Employer (See Instructions Hochheim Prairie Insura		e	
	Date 05/31/2024	Full name of contributor out-of-state PA Bridges, Jimmy Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$25.00
		Lubbock, TX 79424					
	•	pation / Job title (See Instructions) epresentative		Employer (See Instructions Hochheim Prairie Insura		e	
	Date 06/14/2024	Full name of contributor out-of-state PA Bridges, Jimmy Contributor address; City; State; Zip Code Lubbock, TX 79424)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) epresentative		Employer (See Instructions Hochheim Prairie Insura		e	
	Date 05/31/2024	Full name of contributor out-of-state PA Caldwell, Matthew (Mr.) Contributor address; City; State; Zip Code Chriesman, TX 77838)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions Hochheim Prairie Insura		0	
	Claims Repr	ESCITIQUYE		HOGHIEIH PLAITE HISUF	u IC	<u> </u>	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/12	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Hochheim P	rairie Political Action Committe	e			00069233	
4	Date 06/14/2024	5 Full name of contributor [Caldwell, Matthew (Mr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Chriesman, TX 77838					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Claims Repr	esentative		Hochheim Prairie Insura	เทต	e	
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	05/31/2024	Gearson, Tracey	out of state 1 Me (IB#)		randant of Continuation (4)	\$10.00
		Contributor address; City; Sta	te; Zip Code				
		Yoakum, TX 77995					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Underwriter			Hochheim Prairie Insura	เทต	е	
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/14/2024	Gearson, Tracey					\$10.00
		Contributor address; City; Sta	te; Zip Code				
		Yoakum, TX 77995					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Underwriter			Hochheim Prairie Insura	เทต	e	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/31/2024	Gloor, Carol Contributor address; City; Sta Shiner, TX 77984	te; Zip Code				\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	eting Coordinator		Hochheim Prairie Insura		e	
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	_
	06/14/2024	Gloor, Carol					\$20.00
		Contributor address; City; Sta Shiner, TX 77984	te; Zip Code				
\vdash	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	:) [
		eting Coordinator		Hochheim Prairie Insura		e	
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/12	
2	FILER NAME	unitinia Dalikiral Antian Committee	_		3	Filer ID (Ethics Commission	Filers)
		rairie Political Action Committe			L	00069233	
4	Date 05/31/2024	5 Full name of contributor Jank, Mitchell 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$5.00
•	Drimainal	Meyersville, TX 77974	lo.	Farely of (Car Instruction			
8		pation / Job title (See Instructions)	9	Employer (See Instructions		_	
	Underwriter			Hochheim Prairie Insura	ınc	e 	
	Date 06/14/2024	Full name of contributor [Jank, Mitchell Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
		Meyersville, TX 77974					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Underwriter			Hochheim Prairie Insura	ınc	e	
	Date 05/31/2024	Full name of contributor Knezek, Kathy Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$10.00
		Yoakum, TX 77995					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Financial Ac	countant		Hochheim Prairie Insura	เทต	е	
	Date 06/14/2024	Full name of contributor Knezek, Kathy Contributor address; City; Sta Yoakum, TX 77995	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Financial Ac	pation / Job title (See Instructions) countant		Employer (See Instructions Hochheim Prairie Insura		e	
	Date 05/31/2024	Full name of contributor [Miculka, Eric (Mr.)	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Da	ata Analyst		Hochheim Prairie Insura	เทต	e	
			<u>, </u>				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/12
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Hochheim Pi	rairie Political Action Committe	ee		00069233
4	Date 06/14/2024	5 Full name of contributor Miculka, Eric (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7 Amount of Contribution (\$) \$10.00
Ω	Principal occu	Yoakum, TX 77995 pation / Job title (See Instructions)	Employer (See Instructions	
0	Insurance Da			Hochheim Prairie Insura	
	Date 05/31/2024	Full name of contributor Ressler, Shelley Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	Amount of Contribution (\$) \$5.00
		Yoakum, TX 77995			
		pation / Job title (See Instructions)	Employer (See Instructions	
	Marketing Co	oordinator		Hochheim Prairie Insura	ance
	Date 06/14/2024	Full name of contributor Ressler, Shelley Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$5.00
		Yoakum, TX 77995			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I s)
	Marketing Co	oordinator		Hochheim Prairie Insura	ance
	Date 05/31/2024	Full name of contributor Schmidt, Linda (Ms.) Contributor address; City; St Yoakum, TX 77995	out-of-state PAC (ID#:		Amount of Contribution (\$) \$150.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Hochheim Prairie Insura	
	Date 05/31/2024	Full name of contributor Staton, Carrie Contributor address; City; St Lockhart, TX 78644	out-of-state PAC (ID#:		Amount of Contribution (\$) \$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Marketing Re	epresentative		Hochheim Prairie Insura	ance

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS	SCHEDULE A1	
	The Instru	ction Guide explains how t	o complete this for	rm.	1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/12	
2	FILER NAME Hochheim P	rairie Political Action Committee	,		3 Filer ID (Ethics Commission Filers) 00069233	
4	Date 06/14/2024	Full name of contributor Staton, Carrie Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7 Amount of Contribution (\$) \$10	.00
•	Dringinal occu	Lockhart, TX 78644 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u></u>	
0		epresentative	ľ	Hochheim Prairie Insura		
	Date 05/31/2024	Full name of contributor Stewart, Donna Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	Amount of Contribution (\$) \$10	.00
	Delevie de la com	Edna, TX 77957		Faradaya (Osadaya tisasa		
	Claim Repre	pation / Job title (See Instructions) sentative		Employer (See Instructions Hochheim Prairie Insura		
	Date 06/14/2024	Full name of contributor Stewart, Donna Contributor address; City; State	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$10	.00
		Edna, TX 77957				
	Principal occu Claim Repre	pation / Job title (See Instructions) sentative		Employer (See Instructions Hochheim Prairie Insura		
	Date 05/31/2024	Full name of contributor Tate, Barry Contributor address; City; State Iowa Park, TX 76367	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$3	.00
	Principal occu Claim Repre	pation / Job title (See Instructions) sentative		Employer (See Instructions Hochheim Prairie Insura		
	Date 06/14/2024	Full name of contributor Tate, Barry Contributor address; City; State	out-of-state PAC (ID#:		Amount of Contribution (\$) \$3	.00
	Principal occu Claim Repre	pation / Job title (See Instructions) sentative		Employer (See Instructions Hochheim Prairie Insura		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS	SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this for	n.	1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/12	
2	FILER NAME Hochheim P	rairie Political Action Committe	e		3 Filer ID (Ethics Commission Filers) 00069233	
4	Date 05/31/2024	Full name of contributor Taylor, Kim Contributor address; City; Sta	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$25	.00
8	Principal occu	Yoakum, TX 77995 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)	
	Manager			Hochheim Prairie Insura	ınce	
	Date 06/14/2024	Full name of contributor Taylor, Kim Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$25	.00
		Yoakum, TX 77995				
		pation / Job title (See Instructions)		Employer (See Instructions Hochheim Prairie Insura		
	Manager	T = "		Hochineiiii Praine insura		
	Date 06/14/2024	Full name of contributor Weber, David Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$) \$167	.00
		Victoria, TX 77904				
	Principal occu General Cou	pation / Job title (See Instructions) Insel		Employer (See Instructions Hochheim Prairie Insura	,	
	Date 05/31/2024	Full name of contributor Wilson, Christopher Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	Amount of Contribution (\$) \$5.	.00
	Principal occu Underwriter	pation / Job title (See Instructions)		Employer (See Instructions Hochheim Prairie Insura		
	Date 06/14/2024	Full name of contributor Wilson, Christopher Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$) \$5.	.00
	Principal occu Underwriter	pation / Job title (See Instructions)		Employer (See Instructions Hochheim Prairie Insura		

PLEI	DGED CONTRIBU	TIONS		SCHEDULE	В
Т	he Instruction Guide exp	plains how to com	plete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 10/12	
2 FILER N	AME im Prairie Political Action Cor	nmittee		3 Filer ID (Ethics Commission Filers) 00069233	
<u></u>	OF UNITEMIZED PLEDO			\$	0.00
5 Date	6 Full name of pledgor 7 Pledgor Address;	out-of-state PAC City; State; Zip C		8 Amount of pledge (\$) 9 In-kind description (If applicable)	
				Check if travel outside of Texas. Complete Sc	hedule -
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In	nstructions)	

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to com	plete this f	orm.	ges Schedule E: 1 Rpt: 11/12	
2	FILER NAME Hochheim Prairi	e Political Action Committee			3 Filer ID 000692	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	uctions)	,
14	Description of Coll	ateral		15 Check if personal fur	nds were deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instru	uctions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category and listed above)

Contributions/ Donations Made By	/ - Il Cor	mmittee	Legal Se	ervices		Printing E Salaries/\	Expens Wages	/Contract Labor				ove)
Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commiss	ion Filers)
Sch: 1/1 Rpt: 12/12	_			Political	Action Cor	nmittee				00069233	() 11 11	
Date	5	Payee name										
05/30/2024												
	7			City;	Stat	e; Zip Co	ode					
\$500.00		P.O. Box 44	468									
Expenditure from												
corporate funds	(-)						la.					
	(a)					chedule)	(a)			d4.T O	lata Cabadula T	
EXPENDITURE						i++		ш				
		Candidate/	Jilicei	ioidei/Po	onlicai Com	millee					g expense	
								Campaign	Oriti	ibution		
Complete ONLY if direct expenditure to benefit C/O	Η (Candidate/Offi	icehold	er name		Office sou	ught			Office h	eld	
	Candidate/Officeholder/Politica Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 12/12 Date 05/30/2024 Amount (\$) \$500.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Contributions/ Donations Made By-Candidate/Officeholder/Political CorCredit Card Payment Total pages Schedule F1: 2 Sch: 1/1 Rpt: 12/12 Date 5 05/30/2024 Amount (\$) 7 \$500.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE (a)	Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: 2 FILER NAME Sch: 1/1 Rpt: 12/12 Hochheim F Date 5 Payee name Rafael Ancl Amount (\$) 7 Payee addre P.O. Box 44 Expenditure from corporate funds Dallas, TX PURPOSE OF EXPENDITURE Complete ONLY if direct Candidate/Office C	Contributions/ Donations Made By-Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 12/12 Date Date 05/30/2024 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct Complete ONLY if direct Committee C	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 12/12 Date 05/30/2024 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct Candidate/Officeholder name Gift/Awards/Memoria Legal Services The Instruction of The Instruction	Contributions/ Donations Made By-Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 12/12 Date 05/30/2024 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Citt/Awards/Memorials Expense Legal Services The Instruction Guide explain File Instruction Guide explain File Instruction Guide explain File Instruction Guide explain Purpose Action Con Rafael Anchia Campaign 7 Payee address; City; Stat P.O. Box 4468 Dallas, TX 75208 (a) Category (See Categories listed at the top of this sea Contributions/Donations Made By Candidate/Officeholder/Political Com Complete ONLY if direct Candidate/Officeholder name	Contributions/ Donations Made By-Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to contributions Prairie Political Action Committee Total pages Schedule F1: Sch: 1/1 Rpt: 12/12 Date Date Dote Dote Dots Dote Dots Dote Dots Dote Dots Dote Dots Dote Dots Dots Dots Dots Dots Dots Dots Dots	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 12/12 Date 05/30/2024 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Contributions/Donations Made By- Candidate/Officeholder name Contributions/Donations Made By- Candidate/Officeholder name Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages The Instruction Guide explains how to complete Printing Expense Salaries/Wages The Instruction Guide explains how to complete Political Action Committee Frinting Expense Salaries/Wages The Instruction Guide explains how to complete Political Action Committee Frinting Expense Salaries/Wages The Instruction Guide explains how to complete One to complete One to complete One Salaries/Wages The Instruction Guide explains how to complete One to complete One to complete One Salaries/Wages The Instruction Guide explains how to complete One to complete One to complete One Salaries/Wages The Instruction Guide explains how to complete One to complete One to complete One Salaries/Wages The Instruction Guide explains how to complete One to complete One Salaries/Wages The Instruction Guide explains how to complete One Salaries/Wages The Instruction Guide explains how to complete One Salaries/Wages The Instruction Guide explains how to complete One Salaries/Wages Frinting Expense Frinting Expense Frinting Expense Frinting Political Expense Frinting Expense Frinting Expense Frinting Political Committee Frinting Expense Frinting Political Committee Frinting Politica	Contributions/ Donations Made By-Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 12/12 Date 05/30/2024 Amount (\$) Figure 3 Fining Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 5 Payee name Rafael Anchia Campaign 7 Payee address; City; State; Zip Code \$500.00 P.O. Box 4468 Expenditure from corporate funds Dallas, TX 75208 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee Campaign C Complete ONLY if direct Candidate/Officeholder name Office sought	Contributions/ Donations Made By-Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 12/12 Date Date D5 Payee name Rafael Anchia Campaign Amount (\$) Fig. 2 Payee address; City; State; Zip Code P-O. Box 4468 Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee Campaign Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign Contributions Contributions Contributions Made By Candidate/Officeholder/Political Committee Campaign Contributions Contributions Contributions Contributions Contributions Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Campaign Contributions Campaign Contributions Contributions Made Campaign Contributions Campaign Campaign Contributions Campaign Contributions Campaign Contributions Campaign	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Cardit Card Payment Travel Out of Di OTHER (enter a The Instruction Guide explains how to complete this form. Total pages Schedule F1: Sch: 1/1 Rpt: 12/12 Date 05/30/2024 Amount (\$) Expenditure from corporate funds Dallas, TX 75208 Purpose OF EXPENDITURE Candidate/Officeholder/Political Candidate/Officeholder name Candidate/Officeholder name Office sought Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of Di OTHER (enter a Travel Out of Di O	Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: Sch: 1/1 Rpt: 12/12 Date Date D5 Payee name Rafael Anchia Campaign Amount (\$) F2 Payee address; City; State; Zip Code P.O. Box 4468 Expenditure from corporate funds Dallas, TX 75208 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee Complete ONLY if direct Candidate/Officeholder name Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 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