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** 11/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 400 W. 15th Street 950 Change of Address AUSTIN, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Jay B. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Stewart CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); 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 March 5 December 5 September 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

		•		
L2 COMMITTEE NAME HS LAW PAC			13 Filer ID 00064964	(Ethics Commission Filers)
	4 0	I Compared		
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted	Will Metcalf State Representat	tive	
	(Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	18,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	89,709.75
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.	rjury, that the a	accompanying report is d to be reported by me
		Mr. Jay F	3. Stewart	
		Signature of Ca		urer
AFFIX NOTAI	RY STAMP / SEAL ABOVE	Signature of San	mpaigir rroade	
Sworn to and subscrib	ed hefore me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		uay
·				
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

					Page 3 of 10
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.)		Senfronia Thompson State Rep	resentative	
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.)		Trent Ashby State Representation	ve	
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.)		Lalani Suleman State Represen	tative	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 4 of 10
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.)		Landgraf Brooks State Represe	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.)		Charles Cunningham State Rep	resentative	
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.)		Mike Schofield State Represent	ative	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

HS LAW PAC 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and paper to complete this report if necessary.) 3. Officeholders (diestly by party). COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A Supported Greg Bonnen State Representative COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed B. Opposed Greg Bonnen State Representative B. Opposed B. Opposed A Supported Greg Bonnen State Representative Committee ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed						Page 5 of 10
HS LAW PAC 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and heather of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) A. Supported Greg Bonnen State Representative Greg Bonnen State Representative 3. Opposed B. Opposed						1 age 5 01 10
1. Candidates (Joentity by name or, if applicable, classify by party).					13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures Describe by date and location of electron and nature of issue.) 3. Officeholders ASSISted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of electron and nature of issue.) B. Opposed 2. Measures (Describe by date and location of electron and nature of issue.) B. Opposed 3. Officeholders ASSISTED (Describe by date and location of electron and nature of issue.) B. Opposed 3. Officeholders ASSISTED (Describe by date and location of electron and nature of issue.) B. Opposed Morgan Lamantia State Senator Morgan Lamantia State Senator					00064964	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Morgan Lamantia State Senator Assisted (identify by name or, if date and location of election and nature of issue.) Morgan Lamantia State Senator	(Identify by name or, if					
(Ceartibe by date and location of election and nature of issue.) B. Opposed 3. Officeholders		B. Opposed				
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if dentify by name or, if	(Describe by date and location of election and	A. Supported				
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported A. Supported Morgan Lamantia State Senator Assisted (Identify by name or, if applicable, classify by party.) B. Opposed		B. Opposed				
(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed	Assisted (Identify by name or, if		Greg Bonnen	State Represent	ative	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if					
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if		B. Opposed				
3. Officeholders Assisted (Identify by name or, if	(Describe by date and location of election and	A. Supported				
Assisted (Identify by name or, if		B. Opposed				
(Identify by name or, if applicable, classify by party.)	Assisted		Morgan Lama	ntia State Senat	or	
	(Identify by name or, if applicable, classify by party.)					
	_	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders As Supported A. Supported B. Opposed A. Supported Morgan Laman Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Morgan Lamantia State Senate (Identify by name or, if applicable, classify by name or, if applicable, classify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.)

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			6 of 10
17 COMMITTEE N HS LAW PAC		18 Filer ID 00064964	(Ethics Commission Filers)
19 SCHEDULE SU NAME OF SCH			SUBTOTAL AMOUNT
1. SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$
	CHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO RGANIZATION	R	\$
	CHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA BOR ORGANIZATION	TION OR	\$
6. SC	CHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
	CHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR RGANIZATION		\$
8. SC	CHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	DRGANIZATION	\$
9. SC	CHEDULE E: LOANS		\$
10. X SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 18,250.00
11. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	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: 1/4 Rpt: 7/10	HS LAW PAC 00064964
4 Date	5 Payee name
10/02/2024	Brooks Landgraf Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 13146
Expenditure from	Odessa, TX 79768
corporate funds	· •
8 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
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	
Date	Payee name
10/08/2024	Charles Cunningham Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 14352
4000.00	. 6 23% 2 1002
Expenditure from	
corporate funds	Humble, TX 77347
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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/OI	1
Date	Payee name
10/09/2024	Greg Bonnen Camlpaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 1183
Ψ10,000.00	1 0 Box 1100
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
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 2/4 Rpt: 8/10	HS LAW PAC 00064964
4 Date	5 Payee name
10/07/2024	Lalani Suleman Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 6514
Expenditure from	
corporate funds	Houston, TX 77265
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
10/10/2024	Mike Schofield Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	934 Hidden Canyon Rd.
Expenditure from	
corporate funds	Katy, TX 77450
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 Continuution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
10/18/2024	Morgan LaMantia Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1324 E. Madison
Expenditure from	
corporate funds	Brownsville, TX 78520
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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 9/10	HS LAW PAC 00064964
4 Date	5 Payee name
10/16/2024	Senfronia Thompson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	10527 Homestead Rd.
Expenditure from corporate funds	Houston, TX 77016
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
	Sampaigh Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/26/2024	Texas House Republican Caucus
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 13305
Expenditure from	
corporate funds	Austin, TX 78711
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
	Committee Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
10/01/2024	Trent Ashby Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 412
Expenditure from corporate funds	Lufkin, TX 75902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFLINDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Commission ONU V. V. V.	Condidate/Officeholder name
Complete <u>ONLY</u> 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 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Le	n/Awards/Memorials Expense gal Services he Instruction Guide exp		/ages/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:		·		•	3 Filer ID	(Ethics Commission Filers)
						(Ethics Commission Filers)
Sch: 4/4 Rpt: 10/10	HS LAW PAC				00064964	
4 Date	5 Payee name					
10/16/2024	Will Metcalf C	amnainn				
6 Amount (\$)	7 Payee address;	City;	State; Zip Co	de		
\$500.00	PO Box 454					
Expenditure from						
corporate funds	Conroe, TX 7	7305				
8 PURPOSE	(a) Category (See (Categories listed at the top of t	his schedule)	(b) Description		
OF		Donations Made By			outside of Texas. Com	plete Schedule T.
EXPENDITURE		iceholder/Political C		Check if Austin	ı, TX, officeholder living	expense
				Campaign Co	ontributions	
9 Complete ONLY if direct	Candidate/Office	holder name	Office sou	ght	Office he	eld
expenditure to benefit C/O	1					