MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC	C Instruction	2 Total pages filed: 10			
3 COMM	ITTEE NAME		00064964	OFFICE USE ONLY	
HS LA	W PAC				
				12/05/2024	
4 COMM ADDRE		ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP		
ADDRE	200	203 W. 10th Street			
_		600			
Cha	ange of Address	AUSTIN, TX 78701		Date Hand-delivered or Date Postmarked	
5 CAMPA		MS / MRS / MR FIRST	MI	1	
TREAS NAME	SURER	Mr. Jay B.		Receipt # Amount	
NAME					
				Date Processed	
		NICKNAME LAST	SUFFI	×	
		Stewart		Date Imaged	
6 CAMPA		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	TATE; ZIP CODE	
TREAS STREE		203 W. 10th St.			
ADDRE		Ste 600			
(Residen	ce or Business)	Austin, TX 78701			
7 0110					
7 CAMPA TREAS		STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE	
MAILIN	IG	400 W. 15th St., Ste. 950			
ADDRE					
Cha	ange of Address	тх			
8 CAMP	AIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREAS		(510) 470 0000			
PHONE	E	(512) 479-8888			
9 REPOR	RT TYPE		10th day after campaign		
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)	
10 MONTI					
	RT FILING	January 5 April	5 July 5	October 5	
DEADL					
		February 5 May	5 August 5	November 5	
		March 5 June	5 September 5	X December 5	
11 PERIO		Month Day Year	Month	Day Year	
COVER	RED	10/26/2024	THROUGH 11/25	/2024	
		I			
GO TO PAGE 2					
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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

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.)	Richard Pena Raymond State	Representati	ve
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	50,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	39,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	131,209.75
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Mr. Jay E	3. Stewart	
		Signature of Can		rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	is the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

Page 3 of 10

12 COMMITTEE NAME HS LAW PAC				13 Filer ID 00064964	(Ethics Commission Filers)
	<u> </u>				
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		Nathan Johnson State Senator		
	(Identify by name or, if applicable, classify by party.)				
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.)		Jared Patterson 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Paul Dennis State Representativ	/e	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

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		Joan Huffman State Senator		
	(Identify by name or, if applicable, classify by party.)				
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.)		Erin Gamez State Representativ	/e	
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.)		Dan Patrick Lieutenant Governo	r	
	1				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

D, 5 of 10

					Page 5 of 10
			1	L3 Filer ID	(Ethics Commission Filers)
				00064964	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted		Pat Curry State Represe	entative		
applicable, classify by party.)					
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
	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.)		Ken Paxton Attorney Ge	eneral		
	(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	(identify by name or, if applicable, classify by party.)B. Opposed2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)B. Opposed1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported3. OpposedB. Opposed3. OpposedB. Opposed3. Officeholders AssistedB. Opposed3. Officeholders AssistedB. Opposed	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Pat Curry State Repres Assisted A. Supported (Identify by name or, if applicable, classify by party.) A. Supported 1. Candidates A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures A. Supported (Describe by date and location of election and nature of issue.) A. Supported 3. Officeholders A. Supported 3. Opposed B. Opposed 3. Officeholders A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Ken Paxton Attorney Generation of election and nature of issue.)	1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Pat Curry State Representative 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) A. Supported 3. Officeholders Assisted A. Supported 4. Supported B. Opposed 5. Opposed B. Opposed 6. Supported B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) A. Supported 8. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if Assisted Ken Paxton Attorney General	1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Pat Curry State Representative 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed Supported 3. Officeholders Assisted (Identify by name or, if applicable, other of the participation and nature of issue.) B. Opposed

SUBTOTALS - MPAC	C	FORM MPAC OVER SHEET PG 3 6 of 10
17 COMMITTEE NAME HS LAW PAC	18 Filer ID 00064964	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 39,000.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	I Total pages Schedule A1: Sch: 1/1 Rpt: 7/10
2 FILER NAME HS LAW PAC	3 Filer ID (Ethics Commission Filers) 00064964
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 11/19/2024 Boecking, Garland 6 Contributor address; City; State; Zip Code 7	7 Amount of Contribution (\$)\$25,000.00
Austin, TX 78756 8 Principal occupation / Job title (See Instructions) CEO 9 Employer (See Instructions) Pro-Care Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) 11/18/2024 Boecking, Neil Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$25,000.00
Austin, TX 78756 Principal occupation / Job title (See Instructions) President Employer (See Instructions) Pro-Care Medical Center	

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/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel out of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/3 Rpt: 8/10	HS LAW PAC 00064964				
4 Date	5 Payee name				
11/20/2024	Dan Patrick Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$20,000.00	1 E. Greenway Plaza, Suite 225				
Expenditure from corporate funds	Houston, TX 77046				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/13/2024	Dennis Paul Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	626 1/2 Barringer Ln.				
Expenditure from corporate funds	Webster, TX 77598				
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				
	Campaign Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/19/2024	Erin Gamez Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	777 E Harrison St.				
Expenditure from corporate funds	Brownsville, TX 78520				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 9/10	HS LAW PAC 00064964
4 Date	5 Payee name
11/12/2024	Jared Patterson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 5419
Expenditure from corporate funds	Frisco, TX 75035
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/19/2024	Joan Huffman Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	6217 Edloe
Expenditure from corporate funds	Houston, TX 77005
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/22/2024	Ken Paxton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 3476
Expenditure from corporate funds	McKinney, TX 75070
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
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/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 10/10	HS LAW PAC 00064964
4 Date	5 Payee name
11/14/2024	Nathan Johnson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 670994
Expenditure from corporate funds	Dallas, TX 75367
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 <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/22/2024	Pat Curry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	204 Woodhew Dr.
Expenditure from corporate funds	Waco, TX 76712
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 expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/21/2024	Richard Pena Raymond Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 450349
Expenditure from corporate funds	Laredo, TX 78045
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	