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) 00069233 3 COMMITTEE NAME **OFFICE USE ONLY** Hochheim Prairie Political Action Committee Date Received **ELECTRONICALLY FILED** 01/27/2025 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 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2024 01/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| L2 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|---|-----------------|----------------------------|
| | litical Action Committee | | | 00069233 | • |
| 4 COMMITTEE ACTIVITY | Candidates (Identify by page or if | A. Supported | | | |
| 7.011111 | (Identify by name or, if applicable, classify by party.) | | | | |
| (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.) | у п одррожов | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | |
| 5 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTION OR GUARANTEES OF LOA ADE ELECTRONICALLY) qualifies for the higher itemization | NS, ÒR | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARA | NTEES OF LOANS) | \$ | 979.78 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZE | POLITICAL EXPENDITUR | ES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAII G PERIOD | NED AS OF THE LAST | DAY \$ | 9,985.78 |
| OUTSTANDING LOAN TOTALS | 1 | AMOUNT OF ALL OUTSTAI REPORTING PERIOD | NDING LOANS AS OF | THE \$ | 0.00 |
| .6 AFFIDAVIT | | | | <u> </u> | |
| | | true and corre | irm, under penalty of pe act and includes all inform , Election Code. | | |
| | | | Mr David | d T. Weber | |
| | | | Signature of Ca | | rer |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | - | | |
| Sworn to and subscrib | oed before me, by the said _ | | , tl | his the | day |
| | , 20, to certify | | | | |
| | | | | | |
| | | | | | |
| Signature of officer | administering oath | Printed name of officer adm | inistering oath | Title of office | cer administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 15

| | | EE NAME Prairie Political Action Committee | 18 Filer ID 00069233 | (Eth | nics Commission Filers) |
|---|---|---|-----------------------------|------|-------------------------|
| 40.00 | | F OUDTOTAL O | | | |
| | | E SUBTOTALS SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 979.78 |
| 2. | X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 |
| 3. | Х | | \$ | 0.00 | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION | PR | \$ | |
| 5. | | ATION OR | \$ | | |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | | | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | |
| 9. | X | SCHEDULE E: LOANS | | \$ | 0.00 |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | 0.00 |
| 11. | X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 |
| 12. | X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | 0.00 |
| 13. | X | 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 C | ONTRIBUTION | 15 | | SCHEDULI | ■ A1 |
|---|--------------------|--|------------------------|--|--|---|-------------|
| | The Instru | ction Guide explains how | to complete this for | m. | ı | otal pages Schedule A1: ch: 1/10 Rpt: 4/15 | |
| 2 | FILER NAME | rairie Political Action Committe | ۵ | | ı | iler ID (Ethics Commission 0069233 | Filers) |
| _ | | | | | | | |
| 4 | Date 12/26/2024 | Full name of contributor Brewer, Lynn Contributor address; City; Sta | out-of-state PAC (ID#: |) | | mount of Contribution (\$) | \$90.00 |
| | | Yoakum, TX 77995 | | | | | |
| 8 | | pation / Job title (See Instructions) | 9 | Employer (See Instructions | | | |
| | Vice Preside | nt | | Hochheim Prairie Insura | ance | | |
| | Date 01/09/2025 | Full name of contributor Brewer, Lynn Contributor address; City; Sta | out-of-state PAC (ID#: | | | mount of Contribution (\$) | \$90.00 |
| | | Yoakum, TX 77995 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Vice Preside | nt | | Hochheim Prairie Insura | ance | | |
| | Date 01/23/2025 | Full name of contributor Brewer, Lynn Contributor address; City; Sta | out-of-state PAC (ID#: | | | mount of Contribution (\$) | \$90.00 |
| | | Yoakum, TX 77995 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>. </u> | | |
| | Vice Preside | | | Hochheim Prairie Insura | • | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | 1 | ΙΔ | mount of Contribution (\$) | |
| | 12/26/2024 | Bridges, Jimmy Contributor address; City; Sta | | | | (4) | \$25.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>. </u> | | |
| | Marketing Re | epresentative | | Hochheim Prairie Insura | ance | | |
| | Date 01/09/2025 | Full name of contributor Bridges, Jimmy Contributor address; City; Sta | out-of-state PAC (ID#: | | | mount of Contribution (\$) | \$25.00 |
| | Dringing! | Lubbock, TX 79424 | ı | Employer (Coo Instruction | ,, | | |
| | | pation / Job title (See Instructions) epresentative | | Employer (See Instructions Hochheim Prairie Insura | | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTION | NS | | SCHEDULI | ■ A1 |
|---|-------------------------------|--|---|--|----------------|---|-------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | l | tal pages Schedule A1: h: 2/10 Rpt: 5/15 | |
| 2 | FILER NAME | voivio Bolitical Astion Committ | | | l | er ID (Ethics Commission | Filers) |
| _ | | rairie Political Action Committe | _ | | | 069233 | |
| 4 | Date 01/23/2025 | Full name of contributor Bridges, Jimmy Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | 7 Am | nount of Contribution (\$) | \$25.00 |
| | | Lubbock, TX 79424 | | | | | |
| 8 | | pation / Job title (See Instructions | (s) | Employer (See Instructions | | | |
| | Marketing Re | epresentative | | Hochheim Prairie Insura | ance | | |
| | Date 12/26/2024 | Full name of contributor Caldwell, Matthew (Mr.) Contributor address; City; St | out-of-state PAC (ID#: | | Am | nount of Contribution (\$) | \$5.00 |
| | | Chriesman, TX 77838 | | | | | |
| | Principal occu | pation / Job title (See Instructions | (1) | Employer (See Instructions | s) | | |
| | Claims Repr | esentative | | Hochheim Prairie Insura | ance | | |
| | Date 01/09/2025 | Full name of contributor Caldwell, Matthew (Mr.) Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | Am | nount of Contribution (\$) | \$5.00 |
| | | Chriesman, TX 77838 | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | <u>l</u> s) | | |
| | Claims Repr | | , | Hochheim Prairie Insura | | | |
| | Date 01/23/2025 | Full name of contributor Caldwell, Matthew (Mr.) Contributor address; City; St | out-of-state PAC (ID#: | | Am | nount of Contribution (\$) | \$5.00 |
| | Principal occu Claims Repr | pation / Job title (See Instructions esentative |) | Employer (See Instructions Hochheim Prairie Insura | | | |
| | Date 12/26/2024 | Full name of contributor Gearson, Tracey Contributor address; City; St | out-of-state PAC (ID#: | | An | nount of Contribution (\$) | \$10.00 |
| | Principal occu Underwriter | pation / Job title (See Instructions |) | Employer (See Instructions Hochheim Prairie Insura | | | |
| | | | • | | | | |

| | MONEI | ARY POLITICAL CO | VIRIBUTION | IS | | SCHEDULE | A1 |
|---|--------------------------|---|------------------------|----------------------------|----------|---|-----------|
| | The Instru | ction Guide explains how to | complete this for | n. | 1 | Total pages Schedule A1: Sch: 3/10 Rpt: 6/15 | |
| 2 | FILER NAME Hochheim P | rairie Political Action Committee | | | 3 | Filer ID (Ethics Commission 00069233 | Filers) |
| 4 | Date | | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 01/09/2025 | Gearson, Tracey | (.2 | | | (4) | \$10.00 |
| | | | Zip Code | | | | |
| | | Yoakum, TX 77995 | | | | | |
| 8 | | pation / Job title (See Instructions) | 9 | Employer (See Instructions | | | |
| | Underwriter | | | Hochheim Prairie Insura | anc | e | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/23/2025 | Gearson, Tracey | | | | | \$10.00 |
| | | Contributor address; City; State; 2 | Zip Code | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Yoakum, TX 77995 | <u> </u> | | Ĺ | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | • | |
| | Underwriter | | | Hochheim Prairie Insura | unc | | |
| | Date | _ | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 12/26/2024 | Geiger, Marsha | | | | | \$10.00 |
| | | Contributor address; City; State; 2 | Zip Code | | | | |
| | | | | | | | |
| | | Lytle, TX 78052 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | :) | | |
| | Claims Repr | , | | Hochheim Prairie Insura | | e | |
| _ | | | | , | II | - | |
| | Date 01/09/2025 | l — | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | 01/09/2025 | Geiger, Marsha | | | | | Φ10.00 |
| | | Contributor address; City; State; 2 | zip Code | | | | |
| | | | | | | | |
| | | Lytle, TX 78052 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Claims Repr | esentative II | | Hochheim Prairie Insura | inc | e | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Π | Amount of Contribution (\$) | |
| | 01/23/2025 | Geiger, Marsha | | | | (., | \$10.00 |
| | | Contributor address; City; State; 2 | in Code | | ł | | |
| | | | p | | | | |
| | | | | | | | |
| | | Lytle, TX 78052 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Claims Repr | esentative II | | Hochheim Prairie Insura | anc | e | |
| | | | <u> </u> | | | | |
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| | MONEI | ARY POLITICAL C | ONTRIBUTION | 15 | | SCHEDULE | A1 |
|---|-------------------------------|--|--|---|-----|---|-----------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 4/10 Rpt: 7/15 | |
| 2 | FILER NAME | and the Building I And an Occupation | | | 3 | Filer ID (Ethics Commission | Filers) |
| | | rairie Political Action Committe | | | L | 00069233 | |
| 4 | Date 12/26/2024 | 5 Full name of contributor [Gloor, Carol6 Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | 7 | Amount of Contribution (\$) | \$20.00 |
| | | Shiner, TX 77984 | | | | | |
| 8 | | pation / Job title (See Instructions) | 9 | 1 , (| | | |
| | Senior Mark | eting Coordinator | | Hochheim Prairie Insura | เทต | е | |
| | Date 12/26/2024 | 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 01/09/2025 | 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 | เทต | e | |
| | Date 01/23/2025 | Full name of contributor Jank, Mitchell Contributor address; City; Sta Meyersville, TX 77974 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Underwriter | pation / Job title (See Instructions) | | Employer (See Instructions Hochheim Prairie Insura | | e | |
| | Date 12/26/2024 | 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 | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Financial Ac | | | Hochheim Prairie Insura | | e | |
| | | | 1 | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUL | E A1 |
|---|-----------------------------|---|--|--|----------|---|-------------|
| | The Instru | ction Guide explains how t | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 5/10 Rpt: 8/15 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Hochheim P | rairie Political Action Committee | e | | | 00069233 | |
| 4 | Date 01/09/2025 | Full name of contributor Knezek, Kathy Contributor address; City; State | out-of-state PAC (ID#: te; Zip Code |) | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | Deinsinal case | Yoakum, TX 77995 | lo | Frankriger (Coo Instructions | | | |
| 8 | | pation / Job title (See Instructions) | 9 | , , , | | • | |
| | Financial Ac | | | Hochheim Prairie Insura | ınc | | |
| | Date 01/23/2025 | Full name of contributor [Knezek, Kathy Contributor address; City; Stat | 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 | () | | |
| | Financial Ac | countant | | Hochheim Prairie Insura | ınc | е | |
| | Date 01/09/2025 | Full name of contributor McCoy, Timothy (Mr.) Contributor address; City; Stat | out-of-state PAC (ID#: te; Zip Code |) | | Amount of Contribution (\$) | \$115.39 |
| | | Yoakum, TX 77995 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | () | | |
| | President | | | Hochheim Prairie Insura | เทต | е | |
| | Date 01/23/2025 | Full name of contributor McCoy, Timothy (Mr.) Contributor address; City; Stat Yoakum, TX 77995 | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$115.39 |
| | Principal occu President | pation / Job title (See Instructions) | | Employer (See Instructions Hochheim Prairie Insura | | e | |
| | Date 12/26/2024 | Full name of contributor Miculka, Eric (Mr.) Contributor address; City; Stat Yoakum, TX 77995 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Insurance Da | | | Hochheim Prairie Insura | | е | |
| | | | | | | | |

| | 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: 6/10 Rpt: 9/15 | |
| 2 | FILER NAME | and the Bullium Andrew Committee | | | 3 | Filer ID (Ethics Commission | Filers) |
| | | rairie Political Action Committe | | | L | 00069233 | |
| 4 | Date 01/09/2025 | 5 Full name of contributor Miculka, Eric (Mr.)6 Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Yoakum, TX 77995 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Insurance Da | ata Analyst | | Hochheim Prairie Insura | เทต | е | |
| | Date 01/23/2025 | Full name of contributor Miculka, Eric (Mr.) Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | | Yoakum, TX 77995 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Insurance D | ata Analyst | | Hochheim Prairie Insura | เทต | e | |
| | Date 12/26/2024 | Full name of contributor Ressler, Shelley Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | | Yoakum, TX 77995 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Marketing Co | oordinator | | Hochheim Prairie Insura | เทต | е | |
| | Date 01/09/2025 | Full name of contributor Ressler, Shelley Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Marketing Co | pation / Job title (See Instructions) oordinator | | Employer (See Instructions Hochheim Prairie Insura | | e | |
| | Date 01/23/2025 | Full name of contributor Ressler, Shelley Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Marketing C | oordinator | | Hochheim Prairie Insura | เทต | e | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDULI | A1 |
|---|--------------------|--|------------------------|--|---------|--|-----------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 7/10 Rpt: 10/15 | |
| 2 | FILER NAME | rairie Political Action Committe | re | | 3 | Filer ID (Ethics Commission 00069233 | ı Filers) |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| • | 12/26/2024 | Schindler, Brent (Mr.) 6 Contributor address; City; Sta | | | | Amount of Contribution (a) | \$20.00 |
| | | Hallettsville, TX 77964 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | Manager | | | Hochheim Prairie Insura | anc | е | |
| | Date 01/09/2025 | Full name of contributor Schindler, Brent (Mr.) Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$20.00 |
| | | Hallettsville, TX 77964 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Manager | | | Hochheim Prairie Insura | anc | e | |
| | Date 01/23/2025 | Full name of contributor Schindler, Brent (Mr.) Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$20.00 |
| | | Hallettsville, TX 77964 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Manager | | | Hochheim Prairie Insura | anc | е | |
| | Date 12/26/2024 | Full name of contributor Staton, Carrie Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Marketing Re | epresentative | | Hochheim Prairie Insura | anc | е | |
| | Date 01/09/2025 | Full name of contributor Staton, Carrie Contributor address; City; Sta | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$10.00 |
| | Deliver' 1 | Lockhart, TX 78644 | ı | Frankriss (O. J. i. i. | <u></u> | | |
| | | pation / Job title (See Instructions) epresentative | | Employer (See Instructions Hochheim Prairie Insura | | е | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | NS | SCHEDULE / | 41 |
|---|-------------------------------|---|---------------------------------------|---|--|---------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/15 | |
| 2 | FILER NAME Hochheim Pi | rairie Political Action Committe | ee | | 3 Filer ID (Ethics Commission File 00069233 | ers) |
| 4 | Date 01/23/2025 | 5 Full name of contributor Staton, Carrie6 Contributor address; City; States | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | \$10.00 |
| 0 | Dringing aggu | Lockhart, TX 78644 | . 16 | Employer (See Instructions | ., | |
| 8 | | pation / Job title (See Instructions) epresentative | , | Employer (See Instructions Hochheim Prairie Insura | | |
| | Date 12/26/2024 | Full name of contributor Stewart, Donna Contributor address; City; Sta | out-of-state PAC (ID#:ate; Zip Code |) | Amount of Contribution (\$) | \$10.00 |
| | | Edna, TX 77957 | · · · · · · · · · · · · · · · · · · · | | | |
| | Principal occu Claim Repre | pation / Job title (See Instructions) |) | Employer (See Instructions Hochheim Prairie Insura | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | , | Amount of Contribution (\$) | |
| | 01/09/2025 | Stewart, Donna Contributor address; City; Sta | | | | \$10.00 |
| | | Edna, TX 77957 | | | | |
| | Principal occu Claim Repre | pation / Job title (See Instructions) | | Employer (See Instructions Hochheim Prairie Insura | | |
| | Date 01/23/2025 | Full name of contributor Stewart, Donna Contributor address; City; Sta | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Claim Repre | pation / Job title (See Instructions) sentative | | Employer (See Instructions Hochheim Prairie Insura | | |
| | Date 12/26/2024 | Full name of contributor Tate, Barry Contributor address; City; Sta | 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 CO | NIRIBUTION | IS | SCHEDULE A1 | |
|---|---------------------------|--|------------------------|---|--|---|
| | The Instru | ction Guide explains how to | complete this for | n. | 1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/15 | = |
| 2 | FILER NAME Hochheim P | rairie Political Action Committee | | | 3 Filer ID (Ethics Commission Filers) 00069233 | |
| 4 | Date 01/09/2025 | Tate, Barry 6 Contributor address; City; State; | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) \$3.0 | 0 |
| Q | Dringinal occu | pation / Job title (See Instructions) | ام | Employer (See Instructions | 1 | _ |
| 0 | Claim Repre | | 9 | Hochheim Prairie Insura | | |
| | Date 01/23/2025 | Tate, Barry Contributor address; City; State; | out-of-state PAC (ID#: | | Amount of Contribution (\$) \$3.0 | 0 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | _ |
| | Claim Repre | | | Hochheim Prairie Insura | | |
| | Date 12/26/2024 | Full name of contributor Taylor, Kim Contributor address; City; State; | out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$25.0 | 0 |
| | D: : 1 | Yoakum, TX 77995 | | | . | _ |
| | Manager | pation / Job title (See Instructions) | | Employer (See Instructions Hochheim Prairie Insura | , | |
| | Date 01/09/2025 | Full name of contributor Taylor, Kim Contributor address; City; State; Yoakum, TX 77995 | out-of-state PAC (ID#: | | Amount of Contribution (\$) \$25.0 | 0 |
| | Principal occu Manager | pation / Job title (See Instructions) | | Employer (See Instructions Hochheim Prairie Insura | | _ |
| | Date 01/23/2025 | Taylor, Kim | out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$25.0 | 0 |
| | Principal occu Manager | pation / Job title (See Instructions) | | Employer (See Instructions Hochheim Prairie Insura | | _ |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 |
|---|--------------------------|---|---|---|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/15 |
| 2 | FILER NAME Hochheim P | rairie Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069233 |
| 4 | Date 12/26/2024 | Full name of contributor out-of-state PAC (ID#:_ Wilson, Christopher Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$5.00 |
| | | Cuero, TX 77954 | | |
| 8 | Underwriter | ipation / Job title (See Instructions) | 9 Employer (See Instructions Hochheim Prairie Insura | |
| | Date 01/09/2025 | Full name of contributor out-of-state PAC (ID#:_ Wilson, Christopher Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$5.00 |
| | Principal occu | Cuero, TX 77954 upation / Job title (See Instructions) | Employer (See Instructions Hochheim Prairie Insura | |
| | Date 01/23/2025 | Full name of contributor out-of-state PAC (ID#:_ Wilson, Christopher Contributor address; City; State; Zip Code Cuero, TX 77954 | | Amount of Contribution (\$) \$5.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions Hochheim Prairie Insura | |
| | | | | |

| PLEI | DGED CONTRIBU | TIONS | | | | SCHEDULE B | |
|--|--------------------------------------|-------------------------------------|-------------------------------------|--------|-----------------------|--|--|
| Т | he Instruction Guide exp | 1 | Total pages Scho Sch: 1/1 Rpt: 1 | | | | |
| FILER NAME Hochheim Prairie Political Action Committee | | | | | Filer ID (E1 00069233 | (Ethics Commission Filers) | |
| 4 TOTAL | OF UNITEMIZED PLED | | | \$ | 0.00 | | |
| 5 Date | 6 Full name of pledgor | me of pledgorout-of-state PAC (ID#: | | 8 | Amount of pledge (\$) | 9 In-kind description (If applicable) | |
| | 7 Pledgor Address; | City; State; Zip Code | • | | _ | | |
| | | | | | | tside of Texas. Complete Schedule T. | |
| 10 Principal | l occupation / Job title (See Instru | uctions) | 11 Employer (See Instr | ructio | ons) | | |
| | | | | | | | |
| | | | | | | | |

| | LOANS | | | | | SCHEDULE E | | |
|--|---|-------------------------------|-----------------|---|----------|--|--|--|
| | The Instruction Guide explains how to complete this form. | | | | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 15/15 | | |
| 2 | FILER NAME Hochheim Prair | ie Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069233 | | | | |
| 4 | TOTAL OF UN | NITEMIZED LOANS | | | <u> </u> | \$ 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 / Job title (See Instructions) | | | | 13 Employer (See Instructions) | | | | |
| 14 | 4 Description of Collateral None | | | 15 Check if personal funds were deposited into political account (See Instructions) | | | | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | | | 19 Amount Guaranteed (\$) | | |
| | not applicable | 18 Guarantor address; City; | | Zip Code | | | | |
| | Principal occupati | on | | 21 Employer (See Instru | ctions) | | | |
| | | | | | | | | |