

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069233		2 Total pages filed: 12	
3 COMMITTEE NAME Hochheim Prairie Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 03/25/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 500 U.S. Hwy. 77A S. Yoakum, TX 77995-1399				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. David T. NICKNAME LAST SUFFIX Weber				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 500 U.S. Hwy 77A S. Yoakum, TX 77995-1399				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 500 U.S. Hwy 77A South Yoakum, TX 77995-1399				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 293-1021				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02/26/2025 03/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Hochheim Prairie Political Action Committee		13 Filer ID (Ethics Commission Filers) 00069233
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	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.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,820.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,625.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. David T. Weber

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 12

17 COMMITTEE NAME Hochheim Prairie Political Action Committee		18 Filer ID (Ethics Commission Filers) 00069233
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,820.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/12
2 FILER NAME Hochheim Prairie Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069233
4 Date 03/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Jimmy <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Marketing Representative		9 Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Jimmy <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Matthew (Mr.) <hr/> Contributor address; City; State; Zip Code Chriesman, TX 77838	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Claims Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Matthew (Mr.) <hr/> Contributor address; City; State; Zip Code Chriesman, TX 77838	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Claims Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, David <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/12
2 FILER NAME Hochheim Prairie Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069233
4 Date 03/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gearson, Tracey <hr/> 6 Contributor address; City; State; Zip Code Yoakum, TX 77995	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Underwriter		9 Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gearson, Tracey <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiger, Marsha <hr/> Contributor address; City; State; Zip Code Lytle, TX 78052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claims Representative II		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiger, Marsha <hr/> Contributor address; City; State; Zip Code Lytle, TX 78052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claims Representative II		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jank, Mitchell <hr/> Contributor address; City; State; Zip Code Meyersville, TX 77974	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Hochheim Prairie Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/12
2 FILER NAME Hochheim Prairie Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069233
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jank, Mitchell <hr/> 6 Contributor address; City; State; Zip Code Meyersville, TX 77974	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Underwriter		9 Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knezek, Kathy <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Financial Accountant		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knezek, Kathy <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Financial Accountant		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$115.39
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$115.39
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Hochheim Prairie Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/12
2 FILER NAME Hochheim Prairie Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069233
4 Date 03/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miculka, Eric (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Yoakum, TX 77995	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Insurance Data Analyst		9 Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miculka, Eric (Mr.) <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance Data Analyst		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ressler, Shelley <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Marketing Coordinator		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ressler, Shelley <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Marketing Coordinator		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schindler, Brent (Mr.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Hochheim Prairie Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/12
2 FILER NAME Hochheim Prairie Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069233
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schindler, Brent (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staton, Carrie <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staton, Carrie <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Donna <hr/> Contributor address; City; State; Zip Code Edna, TX 77957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claim Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Donna <hr/> Contributor address; City; State; Zip Code Edna, TX 77957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claim Representative		Employer (See Instructions) Hochheim Prairie Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/12
2 FILER NAME Hochheim Prairie Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069233
4 Date 03/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Barry <hr/> 6 Contributor address; City; State; Zip Code Iowa Park, TX 76367	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Claim Representative		9 Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Barry <hr/> Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Claim Representative		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kim <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kim <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, David <hr/> Contributor address; City; State; Zip Code VICTORIA, TX 77904	Amount of Contribution (\$) \$141.61
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Hochheim Prairie Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/12
2 FILER NAME Hochheim Prairie Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069233
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, David 6 Contributor address; City; State; Zip Code VICTORIA, TX 77904	7 Amount of Contribution (\$) \$141.61
8 Principal occupation / Job title (See Instructions) General Counsel		9 Employer (See Instructions) Hochheim Prairie Insurance
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Christopher Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Hochheim Prairie Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Christopher Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Hochheim Prairie Insurance

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 11/12

2 FILER NAME

Hochheim Prairie Political Action Committee

3 Filer ID (Ethics Commission Filers)
00069233

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 12/12

2 FILER NAME

Hochheim Prairie Political Action Committee

3 Filer ID (Ethics Commission Filers)
00069233

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender

☐ out-of-state PAC (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 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; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)