CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00040966 16 Date Received COMMITTEE HillCo PAC **ELECTRONICALLY FILED** NAME 06/12/2025 TREASURER Howard, Jay NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) December 5 ORIGINAL PERIOD Month Month Year Day Year Day Date Imaged **COVERED THROUGH** 10/26/2024 11/25/2024 **EXPLANATION OF CORRECTION** Correcting to remove entry for \$2,500 to Morgan Meyer as the check did not clear & presumably was not cashed by the recipient - check has been voided as of 6/11/2025. Removed entry & updated totals to reflect the change. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Jay Howard Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00040966 3 COMMITTEE NAME **OFFICE USE ONLY** HillCo PAC Date Received **ELECTRONICALLY FILED** 06/12/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 823 Congress #900 Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Jay NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Howard CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 823 Congress #900 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** TΧ **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 480-8962 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** 10/26/2024 11/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|------------------------------|---|
| HillCo PAC | | | 000409 | 966 |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported See schedule F-1 | | |
| (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 check here if this report | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLEI | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 97,500.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 130,195.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 32,313.80 |
| OUTSTANDING LOAN TOTALS | • | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | • | | <u>'</u> | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | rjury, that t mation requ | he accompanying report is uired to be reported by me |
| | | Jay H | loward | |
| | | Signature of Car | mpaign Tre | easurer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | before me, by the said | , th | nis the | day |
| of | _, 20, to certify \ | which, witness my hand and seal of office. | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of | officer administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | | | 4 | l of 16 | |
|-----------------------|--------|--|--------------|----------------------|----------|--|
| 17 COM | MITTE | E NAME | 18 Filer ID | (Ethics Commission F | ilers) | |
| l | o PAC | () | , | | | |
| 19 SCHEDULE SUBTOTALS | | | | | | |
| NAM | E OF S | SUBTOTAL AMO | JUNI | | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 97 | 7,500.00 | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION | PR | \$ | | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | | |
| 9. | | SCHEDULE E: LOANS | | \$ | | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ 130 | 0,195.00 | |
| 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 | \$ | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE A1 |
|---|--------------------------|--|------------------------------|----------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 5/16 |
| 2 | FILER NAME HillCo PAC | | | 1 | Filer ID (Ethics Commission Filers) 00040966 |
| 4 | Date 11/14/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) \$10,000.00 |
| | | Austin, TX 78758 | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| | Date 11/15/2024 | Full name of contributor out-of-state PAC (ID#:_HillCo Partners, LLC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) \$12,000.00 |
| | Principal occu | Austin, TX 78701 upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | r ilicipai occi | pation / Job title (See instructions) | Employer (See manucuons | <u> </u> | |
| | Date 11/08/2024 | Full name of contributor out-of-state PAC (ID#:_ Jones Family LP Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) \$75,000.00 |
| | | Irving, TX 75063 | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | Date 10/31/2024 | Full name of contributor out-of-state PAC (ID#:_ Solis, Eddie Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) \$500.00 |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | | | | | |

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/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
OTHER (order a category pot listed above)

| 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: 1/11 Rpt: 6/16 | HillCo PAC 00040966 |
| 4 Date | 5 Payee name |
| 11/11/2024 | Abbott, Greg |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$25,000.00 | P. O. Box 308 |
| Expenditure from corporate funds | Austin, TX 78767 |
| 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 |
| O Complete ONLY if direct | Condidate/Officeholder name Office cought Office hold |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 11/08/2024 | Anchia, Rafael |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | 1111 West Mockingbird Lane |
| | Suite 1010 |
| Expenditure from corporate funds | Dallas, TX 75247 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee 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 |
| Date | Payee name |
| 11/11/2024 | Bell, Cecil |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | 18230 FM 1488 |
| \$1,000.00 | 10230 FINI 1400 |
| Expenditure from corporate funds | Magnolia, TX 77354 |
| 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 continuation |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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
OTHER (enter a category not listed above)

| 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: 2/11 Rpt: 7/16 | HillCo PAC 00040966 |
| 4 Date | 5 Payee name |
| 10/28/2024 | Bell, Keith |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$5,000.00 | P. O. Box 1178 |
| | |
| Expenditure from corporate funds | Forney, TX 75126 |
| | |
| 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. |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 11/08/2024 | Birdwell, Brian |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | P. O. Box 1111 |
| φ2,500.00 | P. O. BOX 1111 |
| Expenditure from | |
| corporate funds | Granbury, TX 76048 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| Date | Payee name |
| 11/14/2024 | Bucy, John |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5,000.00 | P.O. Box 536 |
| 40,000.00 | 1.01.267.666 |
| Expenditure from | |
| corporate funds | Austin, TX 78767 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 3/11 Rpt: 8/16 | HillCo PAC 00040966 |
| 4 Date | 5 Payee name |
| 11/08/2024 | Button, Angie Chen |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,500.00 | P. O. Box 832748 |
| Expenditure from corporate funds | Richardson, TX 75083 |
| 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Candidate/Officeholder/Political Committee |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 11/08/2024 | Capriglione, Giovanni |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 92007 |
| | |
| Expenditure from corporate funds | Southlake, TX 76092 |
| 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 |
| | Campaign contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 11/08/2024 | Collier, Nicole |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 24241 |
| Expenditure from corporate funds | Fort Worth, TX 76124 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Sampaigh sommunon |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | |
| | |
| Sch: 4/11 Rpt: 9/16 | HillCo PAC 00040966 |
| 4 Date | 5 Payee name |
| 11/08/2024 | Cook, David |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,500.00 | 309 East Broad Street |
| | |
| Expenditure from | Mansfield, TX 76063 |
| corporate funds | |
| 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 |
| | Campaigh contribution |
| • | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| onponditure to senionic ere- | |
| Date | Payee name |
| 11/08/2024 | Creighton, Brandon |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | 2257 North Loop 336 |
| 42,000.00 | Suite 140-366 |
| Expenditure from | |
| corporate funds | Conroe, TX 77304 |
| 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 |
| experientare to benefit 6/61 | ' |
| Date | Payee name |
| 11/08/2024 | Davis, Yvonne |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 763368 |
| \$1,000.00 | |
| Expenditure from | Dallag TV 75070 0000 |
| corporate funds | Dallas, TX 75376-3368 |
| 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 |
| experiorare to benefit C/OI | 1 |
| | |
| | |
| | |

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

| 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: 5/11 Rpt: 10/16 | HillCo PAC 00040966 |
| 4 Date | 5 Payee name |
| 11/14/2024 | Eckhardt, Sarah |
| | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$5,000.00 | PO Box 301586 |
| Expenditure from | |
| corporate funds | Austin, TX 78703 |
| 8 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 |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experialitire to beliefit C/OI | ' |
| Date | Payee name |
| 11/04/2024 | Gonzalez, Jessica |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | 400 South Zang Boulevard |
| · | Suite 1022 |
| Expenditure from | |
| corporate funds | Dallas, TX 75208 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Campaign contribution |
| | Campaign commodern |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | · · |
| Date | Douge name |
| 11/20/2024 | Payee name Hall, Bob |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 513 |
| Expenditure from | |
| corporate funds | Canton, TX 75103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| D. LIBITORE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| 0 1. 6 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| SAPORARIO TO BOTTON O/OI | • |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expu Legal Services The Instruction Guide | Office (Polling ense Printing Salarie | Overhea Expens Expens S/Wages | se s/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
|---|---|---|---|--|------------------------|-------|--|------------------------------|
| 1 Total pages Schedule F1: | 2 FILED NAME | | | | | 3 | Filor ID | (Ethics Commission Filers) |
| Sch: 6/11 Rpt: 11/16 | HillCo PAC | | | | | 3 | Filer ID 00040966 | (Ethics Confinission Filers) |
| 4 Date | 5 Payee name | | | | | _ | | |
| 11/08/2024 | Hegar, Gle | | | | | | | |
| 6 Amount (\$) \$10,000.00 Expenditure from corporate funds | 7 Payee addre 1108 Lavac #529 Austin, TX | ca Suite 110 | State; Zip (| Code | | | | |
| 8 PURPOSE OF EXPENDITURE | Contribution | ee Categories listed at the to ns/Donations Made Officeholder/Politica | Ву | (b) | | , TX, | de of Texas. Comp officeholder living | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | | ceholder name | Office s | ought | | | Office he | eld |
| Date | Payee name | | | | | | | |
| 11/08/2024 | Hughes, Br | yan | | | | | | |
| Amount (\$) | Payee addre | ss; City; | State; Zip (| Code | | | | |
| \$5,000.00 | P. O. Box 4 | 50 | | | | | | |
| Expenditure from corporate funds | Mineola, T | (75773 | | | | | | |
| PURPOSE OF EXPENDITURE | Contribution | ee Categories listed at the to ns/Donations Made Officeholder/Politica | Ву | (b) | | , TX, | de of Texas. Composition officeholder living | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ceholder name | Office s | ought | | | Office he | eld |
| Date 11/20/2024 | Payee name Hunter, Too | | | | | | | |
| Amount (\$) \$10,000.00 | Payee addre 445 Cape I | • | State; Zip (| Code | | | | |
| Expenditure from corporate funds | Corpus Chi | risti, TX 78412 | | | | | | |
| PURPOSE | (a) Category (S | ee Categories listed at the to | p of this schedule) | (b) | Description | | | |
| OF EXPENDITURE | Event Expe | nse | | | | | de of Texas. Comp | |
| | | | | | ш | | officeholder living Todd Hunte | er Gulf Coast Fishing |
| Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office s | ought | | | Office he | eld |
| | | | | | | | | |

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
OTHER (enter a category not listed above)

| Candidate/Officeholder/Politica Credit Card Payment | | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
|---|---|-----------------------------------|---|
| Credit Card r dyment | The Instruction Guide exp | plains how to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 7/11 Rpt: 12/16 | HillCo PAC | | 00040966 |
| 4 Date | 5 Payee name | | • |
| 10/30/2024 | Hunter, Todd | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | |
| \$195.00 | 445 Cape Henry | | |
| | | | |
| Expenditure from corporate funds | Corpus Christi, TX 78412 | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of | this schedule) (b) Description | |
| OF EXPENDITURE | Advertising Expense | Check if tra | vel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | | | ıstin, TX, officeholder living expense |
| | | Email distr | Ibution |
| | 2 11 12 12 12 12 | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name | Office sought | Office held |
| <u> </u> | | | |
| Date | Payee name | | |
| 11/08/2024 | Johnson, Nathan | | |
| Amount (\$) | Payee address; City; | State; Zip Code | |
| \$2,500.00 | P.O. Box 670994 | | |
| Expenditure from | | | |
| corporate funds | Dallas, TX 75367 | | |
| PURPOSE | (a) Category (See Categories listed at the top of | this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Donations Made By | | evel outside of Texas. Complete Schedule T. |
| _/ | Candidate/Officeholder/Political C | | ıstin, TX, officeholder living expense |
| | | Campaign | contribution |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Office Sought | Office field |
| | | | |
| Date | Payee name | | |
| 11/08/2024 | King, Phil | | |
| Amount (\$) | • | State; Zip Code | |
| \$2,500.00 | P. O. Box 1913 | | |
| Expenditure from | | | |
| corporate funds | Weatherford, TX 76086 | | |
| PURPOSE | (a) Category (See Categories listed at the top of | this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Donations Made By | | vel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | Candidate/Officeholder/Political C | ······ | ıstin, TX, officeholder living expense |
| | | Campaign | contribution |
| Commission Chill V II alling | Condidate/Officeles | Office county | Office heald |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name | Office sought | Office held |
| , | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - 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

| 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: 8/11 Rpt: 13/16 | 2 FILER NAME HillCo PAC 3 Filer ID (Ethics Commission Filers) 00040966 |
| 4 Date | 5 Payee name |
| 11/08/2024 | Kolkhorst, Lois |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$5,000.00 | P. O. Box 2546 |
| | |
| Expenditure from corporate funds | Brenham, TX 77834 |
| 8 PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/28/2024 | Menefee, Christian |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | P.O. Box 667204 |
| Ψ2,000.00 | 1.0. Box 001204 |
| Expenditure from corporate funds | Houston, TX 77266 |
| 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 |
| Date | Payee name |
| 11/08/2024 | Parker, Tan |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5,000.00 | P. O. Box 271741 |
| 40,000.00 | |
| Expenditure from corporate funds | Flower Mound, TX 75027-1741 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| D. LIBITORE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| | · · · · · · · · · · · · · · · · · · · |
| 1 Total pages Schedule F1: | |
| Sch: 9/11 Rpt: 14/16 | HillCo PAC 00040966 |
| 4 Date | 5 Payee name |
| 11/08/2024 | Paxton, Angela |
| | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$5,000.00 | P. O. Box 2878 |
| | |
| Expenditure from | McKinney, TX 75070 |
| corporate funds | Wickliniey, 1A 75070 |
| 8 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 |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 11/08/2024 | Paxton, Ken |
| 11/00/2024 | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$10,000.00 | P. O. Box 3476 |
| | |
| Expenditure from | McKinney, TX 75070 |
| corporate funds | Michilley, 1A 75070 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| 2/11/2/11/2/12 | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| Date | Payee name |
| 11/04/2024 | Perry, Charles |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5,000.00 | 4007 19th Street |
| 45,555.55 | |
| Expenditure from | |
| corporate funds | Lubbock, TX 79443 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | o |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
GitLAwards/Memorials Expense Printing Expense
Frinting Expense Salaries/Wangs/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I 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: | | | |
| Sch: 10/11 Rpt: 15/16 | HillCo PAC 00040966 | | |
| 4 Date | 5 Payee name | | |
| 11/08/2024 | Raymond, Richard | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$1,000.00 | P. O. Box 450349 | | |
| | | | |
| Expenditure from corporate funds | Laredo, TX 78045 | | |
| 8 PURPOSE | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder living expense | | |
| | Campaign contribution | | |
| | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/O | 4 | | |
| Date | Payee name | | |
| 11/08/2024 | Rose, Toni | | |
| | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$1,000.00 | 000.00 P. O. Box 41867 | | |
| Expenditure from | | | |
| corporate funds | Dallas, TX 75241 | | |
| 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 Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | |
| oxportantare to seriem eye. | | | |
| Date | Payee name | | |
| 11/08/2024 | Tinderholt, Tony | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$2,500.00 | 3800 Park Manor Court | | |
| | | | |
| Expenditure from corporate funds | Arlington, TX 76017 | | |
| PURPOSE | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense | | |
| | Campaign contribution | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OH | | | |
| | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Travel Out of District OTHER (enter a category not listed above) |
|--|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 11/11 Rpt: 16/16 | HillCo PAC | 00040966 |
| 4 Date | 5. Payes name | |
| 11/08/2024 | 5 Payee name Turner, Chris | |
| | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$2,500.00 | P. O. Box 182093 | |
| | | |
| Expenditure from corporate funds | Arlington, TX 76096 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF | , | avel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Contributions/Donations Made By | ustin, TX, officeholder living expense |
| | I — | contribution |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/O | Н | |
| Date | Payee name | |
| 11/08/2024 | West, Royce | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$2,500.00 | 5787 South Hampton Road | |
| Ψ2,300.00 | | |
| Expenditure from | Suite 255 | |
| corporate funds | Dallas, TX 75232 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Donations Made By | avel outside of Texas. Complete Schedule T. |
| | | ustin, TX, officeholder living expense |
| | Campaign | contribution |
| 2 1 2 2 1 2 1 2 1 | | 200 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| experience to serious eye | | |
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