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** 10/06/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 203 West 10th St Ste. 700 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** 203 West 10th Street STREET **ADDRESS** Ste 700 (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 X 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** 08/26/2025 09/25/2025 **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	66
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported See schedule F1		
(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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	53,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	62,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	187,043.75
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
L6 AFFIDAVIT	L		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.	rjury, that th mation requ	ne accompanying report is ired to be reported by me
		Jay H	loward	
		Signature of Car	mpaign Trea	asurer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of o	officer administering oath
e.g. acare or omoor o	January January	The state of the s		g out

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 10
17 COMMITT HillCo PA		18 Filer ID 00040966	(Ethics Commission Filers)
19 SCHEDUI NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 53,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
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	\$ 62,500.00
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	\$
I			

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE A1
The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/10	
2	FILER NAME HillCo PAC				3	Filer ID (Ethics Commission Filers) 00040966
4			7	Amount of Contribution (\$) \$12,000.00		
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)	
	Date 09/17/2025	Full name of contributor HillCo Partners, LLC Contributor address; City; Sta			•	Amount of Contribution (\$) \$40,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)	
	Date 08/31/2025	Full name of contributor Hunter, Nelda Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code)		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions HillCo	<u> </u>	
	Date 08/31/2025	Full name of contributor Kuhlmann, Kate Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$) \$250.00
	Principal occu consultant	pation / Job title (See Instructions)		Employer (See Instructions HillCo	5)	
	Date 08/31/2025			•	Amount of Contribution (\$) \$250.00	
	Principal occu consultant	pation / Job title (See Instructions)		Employer (See Instructions HillCo	s)	

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/10	
2	FILER NAME HIIICO PAC	- 1	Filer ID (Ethics Commission 00040966	n Filers)
4			Amount of Contribution (\$)	\$500.00
	Austin, TX 78701			
8	Principal occupation / Job title (See Instructions) consultant 9 Employer (See Instructions HillCo	ns)		
Date Full name of contributor out-of-state PAC (ID#:) 08/31/2025 Webster, Todd Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Austin, TX 78701			
	Principal occupation / Job title (See Instructions) Employer (See Instructions consultant HillCo	ns)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 6/10	HillCo PAC 00040966
4 Date	5 Payee name
09/10/2025	Abbott, Greg
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40,000.00	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
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/10/2025	Bean, Cheryl
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	405 Forest River Circle
Expenditure from corporate funds	Fort Worth, TX 76112
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
Operation ONLY if allowed	On all data (Office health a group of the constitution of the cons
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/16/2025	Bell, Keith
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P. O. Box 1178
·	
Expenditure from corporate funds	Forney, TX 75126
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/Officebalder name Office accept Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 (outpers extrapply not listed above)

Candidate/Officeholder/Politica Credit Card Payment		
Credit Card r dyment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/5 Rpt: 7/10	HillCo PAC 00040966	
4 Date	5 Payee name	
09/16/2025	Bucy, John	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$5,000.00	P.O. Box 536	
Expenditure from corporate funds	Austin, TX 78767	
8 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	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	
09/22/2025	Carter, Twila	
Amount (\$)	Payee address; City; State; Zip Code	_
\$2,500.00	P.O. Box 41964	
Expenditure from corporate funds	Houston, TX 77241	
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.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorure to benefit C/Oi		
Date	Payee name	
09/16/2025	Cortez, Philip	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	7919 Liberty Island	
Expenditure from corporate funds	San Antonio, TX 78227	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Exp Legal Services	Office Pollin pense Printi Salari	Overhea g Expens ng Expens es/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule F1:	2 EII ED NIAMI		•			3	Filer ID	(Ethics Commission Filers)
Sch: 3/5 Rpt: 8/10	HillCo PAC	=				3	00040966	(Luics Commission Filers)
4 Date	5 Payee name							
09/22/2025	Curry, Pat							
6 Amount (\$) \$1,000.00	7 Payee addre 204 Woodh	-	State; Zip	Code				
Expenditure from corporate funds	Waco, TX 7	6712						
8 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 ONLY if direct expenditure to benefit C/OI		ceholder name	Office	sought			Office he	eld
Date	Payee name							
09/03/2025	Hopper, An	dy						
Amount (\$)	Payee address; City; State; Zip Code							
\$2,500.00	P.O. Box 1	052						
Expenditure from corporate funds	Decatur, T	(76234						
PURPOSE OF EXPENDITURE	Contribution	ee Categories listed at the to ns/Donations Made Officeholder/Politica	e Ву	(b)		, TX,	de of Texas. Com , officeholder living ibution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office	sought			Office he	eld
Date 09/08/2025	Payee name Lancton, M	arty						
Amount (\$) \$2,500.00	Payee addre		State; Zip	Code				
Expenditure from corporate funds	Houston, T	X 77219						
PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
OF EXPENDITURE		ns/Donations Made Officeholder/Politica				, TX,	de of Texas. Com officeholder living ibution	
Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office	sought			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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: 4/5 Rpt: 9/10	HillCo PAC 00040966
4 Date	5 Payee name
09/03/2025	Morgan, Matt
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	503 FM 359
Expenditure from	Suite 130
corporate funds	Richmond, TX 77406
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/12/2025	Schoolcraft, Alan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	8647 FM 725
Expenditure from	
corporate funds	MCQueeney, TX 78123
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 continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
09/09/2025	Thigpen, Rockjy
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2 Parkway Plaza
Expenditure from	
corporate funds	Lufkin, TX 75904
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Sampaigh sonaibadón
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 Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 10/10	HillCo PAC 00040966
4 Date	5 Payee name
09/16/2025	Turner, Chris
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 182093
Expenditure from	
corporate funds	Arlington, TX 76096
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H