CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00084135		2 Total pages fi	led: 64
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Lacey M.				
IVAIVIE		-			Date Received	ALLY EU ED
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
		Hull				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER	PO Box 19231					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77724					
Change of Address	Housion, 17 11124				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mrs.	Elizabeth				
	NICKNAME	LAST		SUFFIX		
	Buffie	Ingersoll				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER	9 Rollingwood Dr					
ADDRESS						
(Residence or Business)	Houston, TX 77080					
	110031011, 177 17000					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(713) 446-6426					
THONE						
8 REPORT				_		
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (offi	mpaign treasurer
	X July 15	8th day before e	election \square	Exceeded modified	Final Report (Att	
	X Suly 15	U our day before t	Siection	reporting limit		acii c/on-i it)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023		IROUGH	Month Day 06/30/202		
	01/01/2023			00/30/202	.5	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
10 LLLCTION	Month Day Year	. 🗖	rimary	Runoff	Other	
	linenar Day rear		-		Ш отпо	
		∐G	eneral	Special		
		<u> </u>				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Di	strict 138				
	1			1		
		GO T	O PAGE 2			
		GO 1	O FAGE Z			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 64

13 C / OH NAME	Hull, Lacey M. (The F	lonorable)	14 Filer ID (00084135	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this information	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 14,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 83.05
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 26,131.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 171,033.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required to	
		The Ho	norable Lacey M. Hul	I
		Signature of	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 0f 64
	LER NAN	ME y M. (The Honorable)	19 Filer ID 00084135	(Ethi	cs Commission Filers)
20 SC	CHEDUL			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	26,131.36
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	3,712.50
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	200.18

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/64	
2	FILER NAME Hull, Lacey N	И. (The Honorable)		3	Filer ID (Ethics Commission 00084135	on Filers)
4			7	Amount of Contribution (\$)	\$5,000.00	
_		Houston, TX 77009				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2023 IBAT PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#: 06/27/2023 Mike Toomey & Associates Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ TALHI Life Insurance PAC Contributor address; City; State; Zip Code Austin, TX 78767			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1					
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/64			
2	FILER NAME Hull, Lacey I	M. (The Honorable)		3	Filer ID (Ethics Commissi 00084135	on Filers)		
4	Date 06/27/2023	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78701						
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2023 Texas Optometric PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00		
	Deire in all a seri	Austin, TX 78705	Frankrije (Ozakasti ozak					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: Weekley, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00		
		Houston, TX 77055						
	Principal occu Business Ov	ipation / Job title (See Instructions) wner	Employer (See Instructions David Weekley Homes	i)				
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	5)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict i category not listed a	bove)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 1/54 Rpt: 6/64		Hull, Lacey	M. (The Honora	able)					00084135		
4	Date	5	Payee name									
	01/21/2023		A Moveable	Feast								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$37.36		9341 Katy F	reeway								
			Houston, TX	77024								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this scher	dula)	(b)	Description				
	OF	\ `		age Expense	ine top of this seriet	uuic)	` '		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			-				_		officeholder livin	g expense	
								constituent m	ieei	ting		
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name	_								
	06/15/2023		A Moveable	Feast								
	Amount (\$)		Payee addres	-	State;	Zip Co	de					
	\$75.69		9341 Katy F	reeway								
			Houston, TX	77024								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				<u></u>		de of Texas. Con officeholder living	plete Schedule T.	
								meal for legis			g expense	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI						•					
-	Date	Π	Payee name									
	01/05/2023		Aba									
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$185.98		1011 S Con	•	,							
				3								
			Austin, TX 7	8704								
	PURPOSE	(a)		e Categories listed at t			(h)	Description				
	OF	اس		e Categories listed at t age Expense	ne top of this sched	aule)	(2)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		1 000/201010	ago Expondo				Check if Austin,	, TX,	officeholder living	g expense	
								meal with stat	ff			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	ffice sou	ght			Office h	eld	
	onponditure to beliefft G/OI	•										

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	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: 2/54 Rpt: 7/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	04/05/2023	Aloft Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.98	109 E 7th St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meal in Austin
		med iii / dodiii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/05/2023	Amazon.com
H	Amount (\$)	Payee address; City; State; Zip Code
	\$53.69	1200 12th Avenue South
		Suite 1200
		Seattle, WA 98144
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		office supplies - picture frames
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/04/2023	Amazon.com
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$48.81	1200 12th Avenue South
	* ****	Suite 1200
		Seattle, WA 98144
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		office supplies - picture frames
L	0 1, 2, 2, 2, 2	
	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 Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/54 Rpt: 8/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	02/18/2023	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.55	1200 12th Avenue South
		Suite 1200
		Seattle, WA 98144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Date	Payee name
	02/18/2023	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.54	1200 12th Avenue South
	ΨΖ1.54	Suite 1200
		Seattle, WA 98144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	03/24/2023	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.87	1200 12th Avenue South
		Suite 1200
		Seattle, WA 98144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		office supplies -remote and hanging
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- CAPCHARLATO TO SOTIONE OF CI	

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 4/54 Rpt: 9/64	Hull, Lacey M. (The Honorable)	00084135
4	Date	5 Payee name	
	04/06/2023	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.14	1200 12th Avenue South	
		Suite 1200	
	l	Seattle, WA 98144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	omec overnead/Nemail Expense	el outside of Texas. Complete Schedule T.
		office suppli	itin, TX, officeholder living expense
		отпос сарри	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	04/26/2023	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.03	1200 12th Avenue South	
	!	Suite 1200	
	!	Seattle, WA 98144	
L	PURPOSE		
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Develage Expense	tin, TX, officeholder living expense
	!	office snack	(S
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experientare to serious s.c.	·	
	Date	Payee name	
	04/26/2023	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.03	1200 12th Avenue South	
	!	Suite 1200	
	!	Seattle, WA 98144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T.
	!	Check if Aust	tin, TX, officeholder living expense
	!	Since States	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Onice risia
-		·	

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sala		ges/	Contract Labor		OTHER (enter	a category not listed above)	
				The Instruction Gui	de explains how t	o com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/54 Rpt: 10/64		Hull, Lacey	M. (The Honorab	ole)					00084135		
4	Date	5	Payee name									
	05/18/2023		Amazon.cor	n								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	е					
	\$32.37		1200 12th A	venue South								
			Suite 1200									
			Seattle, WA	98144								
8	PURPOSE	(a)		e Categories listed at the	top of this schodule)	10	b)	Description				_
	OF	``		/Memorials Expe		`	,	_ :	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Oner wards	ποιποπαίο Επρο				Check if Austin,	, TX,	officeholder livin	ig expense	
								picture frame	s fo	or staff phot	:0S	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sougl	ht			Office h	eld	
	expenditure to benefit C/OI	-										
	Date		Payee name									
	05/19/2023		Amazon.cor	n								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	е					
	\$32.00		1200 12th A	venue South								
			Suite 1200									
			Seattle, WA	98144								
_	PURPOSE	(2)				10	h)	Description				_
	OF	(4)		e Categories listed at the		١,	IJ,	_ ·	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Gill/Awaius/	/Memorials Expe	1156			느		officeholder livin		
								committee gif	ft fc	r Chair Fra	nk via VC Rose	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sougl	ht			Office h	eld	_
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/19/2023		Antonelli's C	Cheese Shop								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	е		_			
	\$86.60		4220 Duval	St.								
			Austin, TX 7	'8701								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(I	b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense							nplete Schedule T.	
	EXI ENDITORE									officeholder livin	ig expense	
								staff birthday	pa	rty		
	0 1. 5											_
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Office	sough	nt			Office h	ield	
	Superiorder to belieff 6/01											

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/54 Rpt: 11/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	01/18/2023	Austin City Hall Garage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	301 W 2nd St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		parking fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/03/2023	Avenida North Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	701 Avenida de las Americas
		Houston, TX 77003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		HCRP event parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Power name
	05/08/2023	Payee name Bay City Floral
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.94	2133 Avenue G
	72200	
		Bay City, TX 77414
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		memorial flowers
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	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: 7/54 Rpt: 12/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	05/11/2023	Bird Bird Biscuit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.65	2701 Manor Rd
		Austin, TX 78722
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal with staff
		mod mar oddii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/16/2023	Blenders and Bowls
H	Amount (\$)	Payee address; City; State; Zip Code
	\$88.28	1625 E 6th St.
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meal with staff
		med war stan
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	03/31/2023	Blenders and Bowls
H	Amount (\$)	Payee address; City; State; Zip Code
	\$83.33	1625 E 6th St.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Austin, TX 78702
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
l		meal with staff
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse Event Expense Loan Repayment/Reimbu

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

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	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: 8/54 Rpt: 13/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	05/11/2023	Blenders and Bowls
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.09	1625 E 6th St.
		Austin, TX 78702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal with staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	01/10/2023	Brother's Valet
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.54	301 Brazos
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking fee
		parking rec
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨		
	Date	Payee name
	01/08/2023	Butler, Judy
	Amount (\$)	Payee address; City; State; Zip Code
	\$622.50	13504 Mariscan St
		Manchaca, TX 78652
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Opinion 547 mileage reimbursement
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Opinion 547 mileage reimbursement
<u> </u>	Commission ONU Wife allows	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking 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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	ilers)
L	Sch: 9/54 Rpt: 14/64		Hull, Lacey	M. (The Honorable))					00084135		
4	Date	5	Payee name									
	05/19/2023		Capitol Gift	Shop								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$6.77		1400 N Con	igress								
			Austin, TX 7	78701								
8	PURPOSE	(a)		ee Categories listed at the top	4 4 1 1 1		(b)	Description				
	OF	(",		Memorials Expens		edule)	(~)	_ ·	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Oner wards	momentale Expens	•			Check if Austin,	TX,	officeholder living	g expense	
								card for comn	nitte	ee gift		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	С	office sou	ıght			Office he	eld	
L	expenditure to benefit C/O	H										
	Date		Payee name									
	05/19/2023		Capitol Gift	Shop								
	Amount (\$)	\vdash	Payee addres	ss; City;	State:	Zip Co	ode					
	\$43.30		1400 N Con			,						
	Ţ.3. 30			J								
			Auctin TV 7	79701								
_	DUDDOS-	, .	Austin, TX 7				4.					
	PURPOSE OF	(a)		ee Categories listed at the top		edule)	(a)	Description Check if travel of	nutci:	de of Toyan Com	inlete Schedulo T	
	EXPENDITURE		Gift/Awards	/Memorials Expens	е			-		officeholder living	plete Schedule T. g expense	
								—			ompson (partially	
								reimbursed by				
H	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O											
H	Date		Payee name									
	05/24/2023		Cavender's									
	Amount (\$)	\vdash	Payee addres	ss; City;	State:	Zip Co	nde					
	\$50.00		4435 S Lam		Jiaie,	Zip CC	Jue					
	Ψ30.00		J Lall	iui								
			Accessing The	707.45								
			Austin, TX 7									
	PURPOSE OF	(a)		ee Categories listed at the top		edule)	(b)	Description		do of T	wlote Cobe dide T	
	EXPENDITURE		Gift/Awards	/Memorials Expens	е			_		de of Texas. Com officeholder living	plete Schedule T.	
								_			ris via VC Bowers	
								g				
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/O		zaradato/OIII	os.ioidoi ridirio	C	300	-911L			Office III	u.u	
1												

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services

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 Cabadula F1:		_	
1	Total pages Schedule F1: Sch: 10/54 Rpt: 15/64	2 FILER NAME Hull, Lacey M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084135		
Ļ			_	
4	Date	5 Payee name		
	06/28/2023	Clay Pit		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$26.78	1601 Gudadalupe		
	+ _5.10			
L		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Food/Beverage Expense		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		meal in Austin		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
ľ	expenditure to benefit C/O			
	•			
	Date	Payee name		
	04/11/2023	Clayton Spangler Photographic Design		
	Amount (\$)	Payee address; City; State; Zip Code	_	
	\$399.00	235 Point Lick Drive		
	φυσσ.00	200 F OHR EIGH DIVE		
		Charleston, WV 25306		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		House panoramic photo for office		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv	
	expenditure to benefit C/O	y		
L		<u> </u>	_	
	Date	Payee name		
	01/18/2023	Cooper's Old Time BBQ		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$36.06	217 Congress Ave		
	Ψ00.00			
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		meal in Austin		
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
	expenditure to benefit C/O	•		
			_	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 11/54 Rpt: 16/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	02/23/2023	Costco Wholesale
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$979.18	1150 Bunker Hill Rd
		Houston, TX 77055
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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davido namo
	01/31/2023	Payee name Cy-Fair Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	10750 Barker Cypress Road
		Ste 104 #153
		Houston, TX 77443
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		lunch event fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
_	Date	Davido nama
	06/05/2023	Payee name Cy-Fair Republican Women
	Amount (\$) \$25.00	Payee address; City; State; Zip Code
	\$25.00	10750 Barker Cypress Road
		Ste 104 #153
		Houston, TX 77443
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		lunch event fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/54 Rpt: 17/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	06/13/2023	Cy-Fair Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	10750 Barker Cypress Road
		Ste 104 #153
		Houston, TX 77443
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		lunch event fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/31/2023	Dacke, Lillian
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	
		College Station, TX 77843
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		session gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/16/2023	El Alma
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.36	1025 Barton Springs Rd
	Ψ02.30	1020 Barton Springs Na
		Austin, TX 78702
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		meal in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/54 Rpt: 18/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	04/14/2023	El Alma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.87	1025 Barton Springs Rd
		Austin, TX 78702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal in Austin
		med in Addin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	05/31/2023	Fankell, Emily
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2300 Hancock Dr.
		Austin, TX 78756
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Session gift
		Session gilt
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/13/2023	FedEX
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.21	7700 Highway 6 N
		Houston, TX 77095
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		flyers
	Operation ONLY if allowed	Our distance (Office health annuage)
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

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

Sch: 14/54 Rpt: 19/64	Candidate/Officeholder/Politi Credit Card Payment	Cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
Date	1 Total pages Schedule F1	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Fresa's Chicken 7 Payee address: City; State; Zip Code 8 PURPOSE OF EXPENDITURE (a) Category: (see Categories listed at the top of this schedule) 9 Complete DNLY if direct expenditure to benefit C/OH Date 02/23/2023 Payee name 02/23/2023 Payee address: City; State; Zip Code 9 The Code in the top of this schedule) Payee name 07 Complete DNLY if direct expenditure to benefit C/OH Austin, TX 78703 PURPOSE 08 Category: (see Categories listed at the top of this schedule) Food/Beverage Expense (a) Category: (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Office held Payee name 01/16/2023 Fukumoto Amount (s) Payee address: City; State; Zip Code Office sought Office held	Sch: 14/54 Rpt: 19/64	Hull, Lacey M. (The Honorable) 00084135			
Amount (\$) \$430.40 7 Payee address; City; State; Zip Code	4 Date	5 Payee name			
S430.40 915 Lamar Blvd Austin, TX 78703 8 PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) Food/Beverage Expense (b) Description	01/10/2023	Fresa's Chicken			
Austin, TX 78703 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schredule)	6 Amount (\$)	7 Payee address; City; State; Zip Code			
Complete ONLY if direct expenditure to benefit C/OH Cardigatory (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	\$430.40	915 Lamar Blvd			
Complete ONLY if direct expenditure to benefit C/OH Cardigatory (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held					
OF EXPENDITURE Food/Beverage Expense Food/Geverage Expense Food/Geverage Expense Food/Geverage Expense Food/Geverage Expense Greek if invited outside of Texas. Complete Schedule T. Creck if Austin, TX, officeholder fiving expense Opening Day staff and visitors meal Office sought Office held Payee name Presa's Chicken Amount (\$) Payee address; City; State; Zip Code 915 Lamar Blvd Austin, TX 78703 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Date O1/16/2023 Payee name O1/16/2023 Payee name Fulkumoto Payee name Fulkumoto Amount (\$) Payee address; City; State; Zip Code Office sought Office held Office held Payee name O1/16/2023 Fulkumoto Amount (\$) Payee name Fulkumoto Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) OF EXPENDITURE OF EXPENDITURE (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal with staff (b) Description Check if Austin, TX, officeholder living expense (b) Description Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office sought Office held		Austin, TX 78703			
Complete ONLY if direct expenditure to benefit C/OH					
9 Complete ONLY if direct expenditure to benefit C/OH Date		1 000/Develoge Experioe			
9 Complete ONLY if direct expenditure to benefit C/OH Date		 			
Date 02/23/2023		oponing bay dair and violete mean			
Date 02/23/2023	9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Amount (\$)					
Amount (\$)	Data	Para nama			
Amount (\$)		,			
\$104.46 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal with staff Complete ONLY if direct expenditure to benefit C/OH Date 01/16/2023 Amount (\$) Payee name Fulkumoto Amount (\$) Payee address; City; State; Zip Code \$47.42 State; Zip Code State, Zip Code State, Tip Code (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder in TX, of					
Austin, TX 78703 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal with staff Complete ONLY if direct expenditure to benefit C/OH Date 01/16/2023 Amount (\$) Payee name Fukumoto Amount (\$) Payee address; City; State; Zip Code \$47.42 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office sought Office held	` '				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal with staff Complete ONLY if direct expenditure to benefit C/OH Date 01/16/2023 Payee name Fukumoto Amount (\$) Payee address; City; State; Zip Code \$47.42 S14 Medina St Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\$104.46	915 Lamar Blvd			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal with staff Complete ONLY if direct expenditure to benefit C/OH Date 01/16/2023 Payee name Fukumoto Amount (\$) Payee address; City; State; Zip Code \$47.42 S14 Medina St Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
Check if Travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Austin, TX 78703			
Complete ONLY if direct expenditure to benefit C/OH		(a) Category (See Categories listed at the top of this schedule) (b) Description			
Complete ONLY if direct expenditure to benefit C/OH Date		Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
Complete ONLY if direct expenditure to benefit C/OH Date					
Date 01/16/2023 Payee name Fukumoto Amount (\$) Payee address; City; State; Zip Code \$47.42 S14 Medina St Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held		meal with stair			
Date 01/16/2023 Payee name Fukumoto Amount (\$) Payee address; City; State; Zip Code \$47.42 S14 Medina St Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Occupated ONLY if disease	Our district Office helds			
Date 01/16/2023 Payee name Fukumoto Amount (\$) Payee address; City; State; Zip Code \$47.42 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
O1/16/2023 Fukumoto Amount (\$) Payee address; City; State; Zip Code \$47.42 State; Zip Code State; Zip C		1			
Amount (\$) Payee address; City; State; Zip Code \$47.42 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
\$47.42 514 Medina St Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held	01/16/2023	Fukumoto			
Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\$47.42	514 Medina St			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Austin, TX 78701			
Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin Complete ONLY if direct Candidate/Officeholder name Check if Austin, TX, officeholder living expense meal in Austin Office sought Office held		(a) Category (See Categories listed at the top of this schedule) (b) Description			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		·			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	EXPENDITORE				
		meal in Austin			
	0				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILED NAME	3 Filer ID (Ethics Commission Filers)		
_	Sch: 15/54 Rpt: 20/64	Hull, Lacey M. (The Honorable)	00084135		
4	Date	5 Payee name	•		
	04/03/2023	Hill Country Springs			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$75.82	10019 S Interstate 35			
		Austin, TX 78747			
8	PURPOSE				
ľ	OF	, , , , , , , , , , , , , , , , , , , ,	rel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Office Overficad/Nertial Experise	stin, TX, officeholder living expense		
		water deliv	ery		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	05/01/2023	Hill Country Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$24.82	10019 S Interstate 35			
	Ψ24.02	10013 C Interstate 00			
		Austin, TX 78747			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		rel outside of Texas. Complete Schedule T.		
		l — l — l — l	tin, TX, officeholder living expense		
		water deliv	ery		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	experialture to benefit C/Oi	'			
	Date	Payee name			
	06/01/2023	Hill Country Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$98.81	10019 S Interstate 35			
		Austin, TX 78747			
	DUDDOOF				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	rel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Office Overficad/Nertial Experise	stin, TX, officeholder living expense		
		water deliv			
		water denv	,		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI		Office field		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage E
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

The Janeta variation

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Citt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Great Gara Faymont	The Instruction Guide explains how to co	mplete this form.	•	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 16/54 Rpt: 21/64	Hull, Lacey M. (The Honorable)		00084135	
4 Date	5 Payee name		•	
01/17/2023	Houston Region Business Coalition			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$395.00	4500 Bissonet St.			
	Ste 370			
	Bellaire, TX 77401			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
OF EXPENDITURE	Fees		ravel outside of Texas. Com	
		Members	Austin, TX, officeholder living	g expense
		HIGHIDGIS	riip uues	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht .	Office he	əld
expenditure to benefit C/OI		igrit	Office the	Siu
Data				
Date 06/21/2023	Payee name Houston West Chamber of Commerce			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$45.00	10375 Richmond Ave			
	Ste 265			
	Houston, TX 77042			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		ravel outside of Texas. Com Austin, TX, officeholder living	
		lunch eve		,
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/OI	Н			
Date	Payee name			
01/09/2023	Hull, Lacey			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$583.69	2910 Stetson Lane			
	Houston, TX 77043			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	า	
OF	Travel In District		ravel outside of Texas. Com	plete Schedule T.
EXPENDITURE			Austin, TX, officeholder living	
		mileage re	eimbursement for (general election
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office he	eld

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	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: 17/54 Rpt: 22/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	05/16/2023	Jerry's Artorama Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.35	6010 N IH 35
		Austin, TX 78752
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		memorial resolution framing
		momonar rossiation manning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/08/2023	Juiceland
H	Amount (\$)	Payee address; City; State; Zip Code
	\$30.60	120 E 4th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meal in Austin
		med III / dodii
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/24/2023	Juiceland
H	Amount (\$)	Payee address; City; State; Zip Code
	\$12.50	120 E 4th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		meal in Austin
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in Dis Travel Out o htract Labor OTHER (ent

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/54 Rpt: 23/64	Hull, Lacey M. (The Honorable)		00084135
4	Date	5 Payee name		<u>'</u>
	05/12/2023	Juiceland		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$100.84	120 E 4th St.		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense meal with staff and members
				medi with stan and members
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held
ľ	expenditure to benefit C/O		agi it	Cince Held
-	Date	Payee name		
	05/17/2023	Juiceland		
	Amount (\$)	Payee address; City; State; Zip Co	ahe	
	\$23.06	120 E 4th St.	Jue	
	Ψ20.00	120 E 401 Ot.		
		Austin, TX 78701		
	DUDDOCE		(b)	5
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/beverage Expense		Check if Austin, TX, officeholder living expense
				meal in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	Date	Payee name		
	05/21/2023	Juiceland		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$25.01	120 E 4th St.		
		Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				meal in Austin
Н	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/54 Rpt: 24/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	05/27/2023	Juiceland
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.01	120 E 4th St.
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	03/15/2023	Juiceland
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.88	120 E 4th St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal with staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/21/2023	Katy Christian Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	650 West Bough
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite 150-170
		Houston, TX 77024
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	л

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gil

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	s/Contract Labor		OTHER (enter a	category not listed abo	ve)
				The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 20/54 Rpt: 25/64		Hull, Lacey	M. (The Honora	able)					00084135		
4	Date	5	Payee name									
	04/05/2023		Katy Christia	an Chamber of	Commerce							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$20.00		650 West Bo	ough								
			Suite 150-17	70								
			Houston, TX	77024								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Fees								plete Schedule T.	
								\Box		officeholder living	g expense	
								lunch event fe	ee			
Ļ	Complete ONLY if direct	Ļ	Canalidata/Offic			#:··	a. la t			Office le	- l al	
9	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	U	ffice sou	gnı			Office h	eiu	
-	Date	Г	Payee name									
	06/06/2023		Kingwood To	oa Party								
_	Amount (\$)	┝	Payee addres		Stato:	Zip Co	do					
	\$100.00		•		State,	Zip Co	ue					
	\$100.00		2261 Northp	ark Dr.								
			Kingwood, T	X 77339								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M	,			=			plete Schedule T.	
			Candidate/C	Officeholder/Pol	itical Commi	ttee		donation	, TX,	officeholder living	g expense	
								uonalion				
	Complete ONLY if direct	<u> </u>	Candidate/Offic	caholder name	0	ffice sou	aht			Office he	ald	
	expenditure to benefit C/O		zarialaate/Onic	cholder flame	O	ince sou	giit			Office In	Siu	
-	Data	_										
	Date 06/07/2023		Payee name	conors								
			Lavender Cl									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$42.98		2437 Gessn	er Rd								
			Houston, TX	77080								
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Session Livi	ng Expenses						de of Texas. Com officeholder living	plete Schedule T.	
								dry cleaning	, IA,	onicendider living	j expense	
								ary ordanning				
\vdash	Complete ONLY if direct	<u> </u>		ceholder name	<u> </u>	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O		aaa/ Oill		O	55 500	2,,,			Ooc 11		
\vdash												
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 21/54 Rpt: 26/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	06/05/2023	Lucky Robot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.14	1303 S Congress Ave
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/06/2023	Magic Circle Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.56	6711 Belmont St.
		Houston, TX 77055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		lunch event fee
		in the second se
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/24/2023	Magic Circle Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.25	6711 Belmont St.
		Houston, TX 77055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		idiloti evetit iee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/54 Rpt: 27/64	Hull, Lacey M. (The Honorable)		00084135
4	Date	5 Payee name		•
	02/16/2023	Magic Circle Republican Women		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	le	
	\$31.25	6711 Belmont St.		
		Houston, TX 77055		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				idilicii eveni ice
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
ľ	expenditure to benefit C/OI		,	Cince Hold
_	Date	Payee name		
	03/15/2023	Magic Circle Republican Women		
-	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$31.25	6711 Belmont St.		
	Ψ01.20	oriz Bonnont Gu		
		Houston, TX 77055		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense lunch event fee
				iditeri event ice
_	Complete ONLY if direct	Candidate/Officeholder name Office sout	ıht	Office held
	expenditure to benefit C/OI	1		
_	Date	Payee name		
	04/17/2023	Magic Circle Republican Women		
	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$31.25	6711 Belmont St.		
		Houston, TX 77055		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				lunch event fee
L	Complete ONII V if direct	Condidate/Officeholder name	.b.t	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	וונ	Office held

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 23/54 Rpt: 28/64	Hull, Lacey M. (The Honorable)	00084135
4	Date	5 Payee name	•
	05/09/2023	Magic Circle Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$31.25	6711 Belmont St.	
l			
l		Houston, TX 77055	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	'	Check if Austin, TX, officeholder living expense
l			lunch event fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
l	Date	Payee name	
l	01/06/2023	Mailchimp	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$28.25	677 Ponce de Leon Ave NE	
l			
		Atlanta, GA 30308	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense newsletter services
			newsietter services
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
⊨	D-4-		
l	Date 02/06/2023	Payee name Mailahima	
┡		Mailchimp	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$28.25	677 Ponce de Leon Ave NE	
l			
		Atlanta, GA 30308	
l	PURPOSE OF	,	Description
l	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Newsletter services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
ı			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebolder/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

	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: 24/54 Rpt: 29/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	03/06/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.25	677 Ponce de Leon Ave NE
		Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newsletter services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/06/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.25	677 Ponce de Leon Ave NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		newsletter services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/06/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.25	677 Ponce de Leon Ave NE
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense newsletter services
		Hewsieller Services
-	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 -

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	Il 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: 25/54 Rpt: 30/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	06/06/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.25	677 Ponce de Leon Ave NE
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense newsletter services
		Hewsieller services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	04/28/2023	Marriot
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$2,573.40	7750 Wisconsin Ave
	·	
		Bethesda, MD 20814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		☐ X Check if Austin, TX, officeholder living expense Session lodging
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	05/11/2023	Marriot
L	Amount (\$)	
		Payee address; City; State; Zip Code 7750 Wisconsin Ave
	\$2,248.85	7750 WISCONSIN AVE
		Bethesda, MD 20814
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District X Check if Austin, TX, officeholder living expense
		session lodging
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
1		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ission Filers)
•

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
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 27/54 Rpt: 32/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	01/03/2023	P. Terry's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.36	517 W Martin Luther King, Jr. Blvd
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/22/2023	P. Terry's
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.25	517 W Martin Luther King, Jr. Blvd
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal with staff
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
F	Date	Payee name
	03/30/2023	P. Terry's
L	Amount (\$)	· · · · · · · · · · · · · · · · · · ·
	\$14.81	Payee address; City; State; Zip Code 517 W Martin Luther King, Jr. Blvd
	Ф14.01	517 W Martin Editier King, Jr. Blvd
		Austin, TX 78701
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		meal in Austin
	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed a	oove)
S. Sait Gara i Aymont		The Instruction G	uide explains h	ow to co	mple	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 28/54 Rpt: 33/64		Hull, Lacey	M. (The Honora	able)					00084135		
4	Date	5	Payee name									
	05/26/2023		P. Terry's									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$21.31		517 W Marti	n Luther King,	Jr. Blvd							
			Austin, TX 7	8701								
8	PURPOSE	(a)		e Categories listed at t		-1-1-1	(b)	Description				
ľ	OF	(")		e Categories listed at t age Expense	ne top of this sched	auie)	(~)	`	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		1 OOU/Dever	age Expense				Check if Austin,	TX,	officeholder living	g expense	
								meal with sta	ff			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/30/2023		Perla's									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$292.48		1400 S Con	gress								
			Austin, TX 7	8704								
	PURPOSE	(a)	Category (se	e Categories listed at t	ho top of this cohor	dulo)	(b)	Description				
	OF	<u> </u>		age Expense	ine top of this seriet	uuic)	` ,	`	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			g p				Check if Austin,	, TX,	officeholder living	g expense	
								meal with stat	ff			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	experialitate to beliefit e/of											
	Date		Payee name									
	06/12/2023		Perla's									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$126.00		1400 S Con	gress								
			Austin, TX 7	8704								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			age Expense				ш			plete Schedule T.	
	LXI LINDITORL									officeholder living	g expense	
								meal in Austir	1			
_	Complete ONLY if allowed	<u> </u>	Condidate /Off	abaldar as		ffice s = :	ale.			Office 1	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolaer name	Ot	ffice sou	gnt			Office h	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking 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		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Printi Salari		se s/Contract Labor		District ut of District (enter a category not listed abo	ove)
1	Total pages Schedule F1:						3 Filer ID) (Ethics Commission	on Filers)
	Sch: 29/54 Rpt: 34/64	Hull, Lace	y M. (The Honorable)			00084	135	
4	Date	5 Payee nam	e			•			
	06/27/2023	Perla's							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code				
	\$218.85	1400 S Co	ongress						
		Austin, TX	78704						
8	PURPOSE		See Categories listed at the to		(b)	Description			
	OF		see Categories listed at the to erage Expense	p of this schedule)	(2)		outside of Texa	as. Complete Schedule T.	
	EXPENDITURE	. 000,201	rago Expondo			Check if Austin,	TX, officehold	ler living expense	
						Meal with stat	ff		
9	Complete ONLY if direct		fficeholder name	Office	sought		Of	fice held	
L	expenditure to benefit C/O	1							
	Date	Payee nam	<u> </u>						
	01/27/2023	Pho Binh I							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$93.53	2916 Whit		, 1					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		Houston, ⁻	TX 77007						
	DUDDOOF				(1-)				
	PURPOSE OF		See Categories listed at the to	p of this schedule)	(a)	Description Check if travel (outside of Tevs	as. Complete Schedule T.	
	EXPENDITURE	Food/Beve	erage Expense			—		ler living expense	
						meal with stat			
	Complete ONLY if direct	Candidate/O	fficeholder name	Office	sought		Of	fice held	
	expenditure to benefit C/OH	4							
H	Date	Payee nam	e						
	02/03/2023	Picnik	-						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$71.24	4801 Burn	•	O.C.C., 21p	5000				
	Ψ1 1.24	-OOT DUIT	J. Nu						
		Augtin TV	70756						
		Austin, TX			1.				
	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description	outoido of Torre	os Complete Schedule T	
	EXPENDITURE	Food/Beve	erage Expense					as. Complete Schedule T. Ier living expense	
						meal with stat		g expense	
						, 210			
	Complete ONLY if direct	Candidate/O	fficeholder name	Office	l souaht		Of	fice held	
	expenditure to benefit C/O			511100			31		

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

	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: 30/54 Rpt: 35/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	02/07/2023	Picnik
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.90	4801 Burnet Rd
		Austin, TX 78756
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meal with staff
		med war stan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Davies same
	03/16/2023	Payee name Picnik
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.67	4801 Burnet Rd
		Austin, TX 78756
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meal with staff
		inotal Wall Statil
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Payee name
	01/09/2023	Picnik
L		
	Amount (\$) \$47.45	Payee address; City; State; Zip Code 4801 Burnet Rd
	φ47.45	4001 Bullet Ru
		Auglia TV 707FC
		Austin, TX 78756
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal with staff
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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 Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/54 Rpt: 36/64	Hull, Lacey M. (The Honorable)	00084135
4	Date	Payee name	•
	02/22/2023	Qi	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.68	835 W 6th St.	
		Unit 114	
		Austin, TX 78703	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			ar iii / tastiii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	01/02/2023	Ruland Rd Self Storage	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	9021A Ruland Rd.	
	Ψ13.00	30217 (Nataria Na.	
		Houston TV 77055	
		Houston, TX 77055	
	PURPOSE OF		SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertical Experise	Check if Austin, TX, officeholder living expense
		sto	orage unit
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	02/01/2023	Ruland Rd Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	9021A Ruland Rd.	
		Houston, TX 77055	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Office Overficad/Nertial Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense prage unit
		Sio	nage unit
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Canada de Canada	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 32/54 Rpt: 37/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	03/01/2023	Ruland Rd Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	9021A Ruland Rd.
		Houston, TX 77055
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Storage unit
		Storage unit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Dato	Davies same
	Date	Payee name
	04/01/2023	Ruland Rd Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	9021A Ruland Rd.
		Houston, TX 77055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		storage unit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/01/2023	Payee name
		Ruland Rd Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	9021A Ruland Rd.
		Houston, TX 77055
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Storage unit
		Storage and
_	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 Candidate/Officeholder/Political Committee
Credit Card Payment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/54 Rpt: 38/64	Hull, Lacey M. (The Honorable)	00084135
4	Date	5 Payee name	
	06/01/2023	Ruland Rd Self Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$77.00	9021A Ruland Rd.	
		Houston, TX 77055	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overnedd/Nerital Expense	el outside of Texas. Complete Schedule T.
		Storage unit	in, TX, officeholder living expense
		Storage unit	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		CCO 1.0.C
_	Date	Payee name	
	05/31/2023	Scot, Johana	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	W. Slaughter Ln	
	Ψ100.00	The Gladymor Lin	
		Austin, TX 78745	
	PURPOSE		
	OF	· · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Ontrivial de la control de la	in, TX, officeholder living expense
		session gift	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiditure to benefit C/Oi	1	
	Date	Payee name	
	01/30/2023	SquareSpace Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.71	225 Varick St.	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees	el outside of Texas. Complete Schedule T.
		Website serv	in, TX, officeholder living expense
		Website serv	1003
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		S55514
I			l

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 34/54 Rpt: 39/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	03/01/2023	SquareSpace Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.71	225 Varick St.
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website services
		Website services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
·	expenditure to benefit C/OI	
	Date	Payee name
	04/01/2023	SquareSpace Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.71	225 Varick St.
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense website services
		Webblic cell visual
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/01/2023	SquareSpace Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.71	225 Varick St.
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Website services
		WEDSILE SELVICES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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		nmittee Legal S	ards/Memorials Expense ervices struction Guide ex	Salaries/V	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed ab	ove)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 35/54 Rpt: 40/64	Ĺ	Hull, Lacey M. (T	he Honorable)					00084135		,
4	Date	5	Payee name								
	06/01/2023		SquareSpace Inc	:							
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$48.71		225 Varick St.								
			New York, NY 10	014							
8	PURPOSE	(a)	Category (See Categ	pories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE		Fees						de of Texas. Com		
	-						website service		officeholder living	expense	
							MEDOILE SELVI	CCS	•		
9	Complete ONLY if direct	<u> </u>	Candidate/Officehold	ler name	Office sou	lapt			Office he	ald.	
9	expenditure to benefit C/OI		Januluale/Onice/1010	ici name	Office 500	agrit			Office He	iu .	
\vdash	Date	Г	Payee name								
	05/31/2023		Payee name Staggs, Joelle								
_		\vdash		City	State; Zip Co	ode					
	Amount (\$) \$200.00		Payee address;	City;	Siale, ZIP CC	Jue					
	\$∠∪∪.∪∪										
			Augtin TV 70705								
	DUDDOC-	, .	Austin, TX 78705			<i>a</i> >					
	PURPOSE OF	(a)	Category (See Categ		f this schedule)	(a)	Description Check if travel (Outei	de of Texas. Com	nlete Schedulc T	
	EXPENDITURE		Gift/Awards/Mem	oriais Expense			=		officeholder living		
							session gift				
	Complete ONLY if direct		Candidate/Officehold	ler name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	H 									
	Date		Payee name								
L	05/24/2023	L	Starbrite Cleaner	S							
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$54.94		2401 Lake Austir	Blvd							
			Austin, TX 78703	<u> </u>				_			
	PURPOSE	(a)	Category (See Categ	pories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE		Session living ex	pense					de of Texas. Com		
	-						dry cleaning	, TX,	officeholder living	expense	
							ary cleaning				
	Complete ONLY if direct	<u> </u>	Candidate/Officeholo	ler name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI					J					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/54 Rpt: 41/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	02/10/2023	Swedish Hill
6	Amount (\$) \$71.32	7 Payee address; City; State; Zip Code 1120 W 6th St.
_		Austin, TX 78703
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff birthday cake
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/27/2023	Sweetwaters Coffee & Tea Texas Capitol
	Amount (\$) \$40.80	Payee address; City; State; Zip Code 316 W. 12th St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense coffee with staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2023	Swiss Air
	Amount (\$) \$744.17	Payee address; City; State; Zip Code 1400 RXR Plaxa
		New York, NY 11556
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense travel for American Swiss Foundation Young Leaders Conference
	Complete ONLY if direct expenditure to benefit C/O	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 37/54 Rpt: 42/64	Hull, Lacey M. (The Honorable)		00084135
4	Date	5 Payee name		·
	02/15/2023	TCC		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$2,000.00	PO Box 2669		
		Austin, TX 78681		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				membership dues
				•
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	06/06/2023	TDCJ		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$122.52	8801 S First St		
		Austin, TX 78748		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Committee gift for Chair Thompson (partially
				reimbursed by other members)
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	01/25/2023	Tacodeli		
Г	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$37.38	301 Congress Ave		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense meal with staff
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
ı				

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage E
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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	c)
_	Sch: 38/54 Rpt: 43/64	Hull, Lacey M. (The Honorable)	5)
4	Date	5 Payee name	
	04/28/2023	Tacodeli	
6	Amount (\$) \$93.67	7 Payee address; City; State; Zip Code 301 Congress Ave Austin, TX 78701	
_	DUDDOOF		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal with staff	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/16/2023	Target	
	Amount (\$) \$35.72	Payee address; City; State; Zip Code 901 E 5th St	
		Austin, TX 78702	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies	
		Unice supplies	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/30/2023	Target	
	Amount (\$) \$49.75	Payee address; City; State; Zip Code 3258 FM 2978	
		Magnolia, TX 77335	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense	
		Check if Austin, TX, officeholder living expense mailing supplies	
	Complete ONLY if direct expenditure to benefit C/Ol	I Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

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: 39/54 Rpt: 44/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	04/04/2023	Texas House Republican Caucus
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 13305
		Austin, TX 78711
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees
		Check if Austin, TX, officeholder living expense
		membership dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/13/2023	Texas Young Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2633 Mckinney Ave
		, and the second
		Dallas, TX 75204
	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
		Candidate/Officeholder/Political Committee
		gαια σροποσιστήρ
_	Operation ONLY if allowed	One distributed (Office health
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/25/2023	The Driskill
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.99	604 Brazos St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		parking fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission File	rs)
	Sch: 40/54 Rpt: 45/64	Hull, Lacey	M. (The Honorable	e)				00084135		
4	Date	5 Payee name)							
	04/19/2023	The Well								
6	Amount (\$) \$59.99	7 Payee addre 440 W 2nd		State; Zip C	ode					
		Austin, TX	78701							
8	PURPOSE OF EXPENDITURE		See Categories listed at the t rage Expense	op of this schedule)	(b)		, TX	ide of Texas. Com , officeholder living		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	<u> </u>							
	01/05/2023	Tiff's Treat	S							
	Amount (\$) \$29.89	Payee addre	•	State; Zip C	ode					
		Austin, TX	78701							
	PURPOSE OF EXPENDITURE	1	See Categories listed at the trage Expense	op of this schedule)	(b)	=	, TX	ide of Texas. Com , officeholder living		
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	ught			Office he	eld	
	Date 05/31/2023	Payee name Tillman, Ma								
	Amount (\$) \$200.00	Payee addre N LBJ Dr.	ess; City;	State; Zip C	ode					
		San Marco	s, TX 78666							
	PURPOSE OF EXPENDITURE		see Categories listed at the t s/Memorials Expen		(b)	<u></u>		ide of Texas. Com , officeholder living		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			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 Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 41/54 Rpt: 46/64	Hull, Lacey M. (The Honorable)	00084135
4	Date	5 Payee name	•
l	02/16/2023	True Foods	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$126.62	222 West Avenue	
l			
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		Check if Austin, TX, officeholder living expense
			meal with staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
⊨	Data		
l	Date 03/15/2023	Payee name USPS	
┡			
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$166.00	10505 Town and Country Way	
l		Houston TV 77004	
L		Houston, TX 77024	
l	PURPOSE OF	(Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
l			PO Box
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialiture to beriefit C/Oi	1	
	Date	Payee name	
	05/30/2023	USPS	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$126.00	815 Goodson Rd	
l			
		Magnolia, TX 77335	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense mailing supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
\vdash			
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_		
-	Sch: 42/54 Rpt: 47/64	Hull, Lacey M. (The Honorable)			
4	Date	5 Payee name			
	04/24/2023	Uber Eats			
6	Amount (\$)	7 Payee address; City; State; Zip Code	_		
-	\$38.36	1455 Market St. San Francisco, CA 94103			
8	PURPOSE	(b) Cotonomia	_		
0	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/25/2023	Uber Eats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$6.20	1455 Market St.			
		San Francisco, CA 94103			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal delivery tip			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	Dete		—		
	Date 05/22/2023	Payee name Uber Eats			
	Amount (\$) \$177.41	Payee address; City; State; Zip Code 1455 Market St.			
		San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal with staff			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	· · · ·				

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By - Gift/Aw

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

	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: 43/54 Rpt: 48/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	05/23/2023	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.60	1455 Market St.
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meal delivery tip
		πιεαι αειίνει γ τιρ
_	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	05/25/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.86	1455 Market St.
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with staff
		Wied With Stall
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
L	05/29/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.14	1455 Market St.
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense meal with staff
		meai wiin sian
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 44/54 Rpt: 49/64	Hull, Lacey M. (The Honorable)	00084135
4	Date	5 Payee name	'
	05/29/2023	Uber Eats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.23	1455 Market St.	
l			
l		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			meal delivery tip
Ļ	0 1 0 0 1 1 1 1		0" 11
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡	·		
l	Date	Payee name	
L	05/29/2023	Uber Eats	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$15.01	1455 Market St.	
l			
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			meal in Austin
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	05/29/2023	Uber Eats	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$4.00	1455 Market St.	
		San Francisco, CA 94103	
⊢	PURPOSE		Description
l	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	1 ddd/2dfdragd Experide	Check if Austin, TX, officeholder living expense
			meal delivery tip
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 45/54 Rpt: 50/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	01/31/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.36	182 Howard Street
		Suite 8
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		transportation in Austin
_	Operation ONLY if dispert	Overfields (Office holds
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	5.	
	Date	Payee name
	04/06/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.42	182 Howard Street
		Suite 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense transportation in Austin
		แนกระบานแบบ แบวนอนา
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/09/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	182 Howard Street
	Ψ1.00	Suite 8
		San Francisco, CA 94105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		transportation in Austin
	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 Comm

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 46/54 Rpt: 51/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	04/20/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.05	182 Howard Street
		Suite 8
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
=	Date	Payee name
	04/20/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.49	182 Howard Street
		Suite 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense transportation in Austin
		a da lopo ladon in 7 dodin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/28/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.88	182 Howard Street
		Suite 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense transportation in Austin
		ti ansportation in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 47/54 Rpt: 52/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	05/16/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.95	182 Howard Street
		Suite 8
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense transportation in Austin
		แนกรอกสแบก กา Ausun
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	05/16/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.91	182 Howard Street
		Suite 8
		San Francisco, CA 94105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		transportation in Austin
		da operador in Addin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	06/23/2023	Velvet Taco
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.25	10201 Katy Freeway
		Houston, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with staff
		ivical with Stall
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 48/54 Rpt: 53/64	Hull, Lacey M. (The Honorable) 00084135	
4	Date	5 Payee name	_
	01/04/2023	Village Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$40.00	PO Box 79924	
		Houston, TX 77279	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		meeting event fee	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI	H	
F	Date	Payee name	_
l	02/02/2023	Village Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$40.00	PO Box 79924	
l			
l		Houston, TX 77279	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense lunch event fee	
l			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI		
F	Date	Payee name	_
l	03/07/2023	Village Republican Women	
H	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$40.00	PO Box 79924	
l			
l		Houston, TX 77279	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense Lunch event fee	
		Lunch event lee	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-			_

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	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: 49/54 Rpt: 54/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	04/14/2023	Village Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	PO Box 79924
		Houston, TX 77279
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Unch event fee
		iditori eventi ice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	04/26/2023	Village Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO Box 79924
		Houston, TX 77279
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		directory advertisement
	Compulate ONLY if direct	Condidate/Office helds name Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/09/2023	Village Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO Box 79924
		Houston, TX 77279
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		lunch event fee
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 50/54 Rpt: 55/64	Hull, Lacey M. (The Honorable)	00084135
4	Date	5 Payee name	
	01/14/2023	Walker, Krysta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$222.30	25242 Dickens Dr.	
		Magnolia, TX 77355	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			mileage reimbursement for Opening Day
			mongo remiseres e permig e sy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	03/22/2023	Walker, Krysta	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	25242 Dickens Dr.	
		Magnolia, TX 77355	
	PURPOSE		Description
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			campaign labor
L	Commists ONII V if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•	Office field
_	Data		
	Date 06/16/2023	Payee name Walker, Krysta	
		-	
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 25242 Dickens Dr.	
	φου.υυ	23242 DICKETS DI.	
		Magnolia, TX 77355	
	DUDDOOT.	<u> </u>	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaties/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 51/54 Rpt: 56/64	Hull, Lacey M. (The Honorable) 00084135	
4	Date	5 Payee name	_
	06/16/2023	Walker, Krysta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	25242 Dickens Dr.	
		Magnolia, TX 77355	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	
		Check if Austin, TX, officeholder living expense Session gift	
		Session gift	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	02/14/2023	Whole Foods	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$108.22	525 N Lamar	
	Ψ100.22	323 N Editidi	
		Auctin TV 79702	
	2112222	Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Valentine's gifts for staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	04/23/2023	Whole Foods	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.44	525 N Lamar	
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense office snacks	
		Office Stracks	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
ı			

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 52/54 Rpt: 57/64	2 FILER NAME Hull, Lacey M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084135
4	Date 04/25/2023	5 Payee name Wu Chow
	Amount (\$) \$108.19	7 Payee address; City; State; Zip Code 500 W 5th St. #168 Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal with staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date 03/07/2023	Payee name Ziki
	Amount (\$) \$75.14	Payee address; City; State; Zip Code 102 W 3rd St
	PURPOSE OF EXPENDITURE	Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal with Staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/31/2023	Payee name Ziki
	Amount (\$) \$20.89	Payee address; City; State; Zip Code 102 W 3rd St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal in Austin
	Complete ONLY 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 Committe

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

	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: 53/54 Rpt: 58/64	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	04/28/2023	Ziki
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.81	102 W 3rd St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal in Austin
		inea ir/iasan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/02/2023	Ziki
H	Amount (\$)	Payee address; City; State; Zip Code
	\$28.98	102 W 3rd St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal in Austin
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/19/2023	Ziki
H	Amount (\$)	Payee address; City; State; Zip Code
	\$122.75	102 W 3rd St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meal with staff
		mear with stair
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	ense	Polling Expense Printing Exper			Travel in District Travel Out of Di	
l	Credit Card Payment			The Instruction Guide	explains h	low to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAME	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 54/54 Rpt: 59/64		Hull, Lacey	M. (The Honorable)				00084135	
4	Date	5	Payee name	1				_		
	05/15/2023		eBay							
Ļ		ļ_		Cit.:	Ctata	Zin Cada				
ľ	Amount (\$)	'	Payee addre		State,	Zip Code				
l	\$60.69		2025 Hamii	Iton Avenue						
l										
			San Jose,	TX 95125						
8	PURPOSE	(a)	Category (S	see Categories listed at the top	o of this sche	edule) (b)	Description			
	OF			s/Memorials Expens				outs	ide of Texas. Con	nplete Schedule T.
	EXPENDITURE			•					, officeholder living	
l							Committee gi	ift t	o Chair Oliv	erson via VC Johnson
9	Complete ONLY if direct		Candidate/Off	iceholder name	0	ffice sought			Office h	eld
	expenditure to benefit C/O	Н								
l										
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l										

SCHEDULE |

	The Instruction Guide explains how to	complete this form.					
Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135					
Date 03/07/2023	5 Payee name AVDA						
Amount (\$) 300.00	7 Payee Address; City; State; Zip 1001 Texas Ave Houston, TX 77002						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) donation to gala					
Date 02/20/2022	Payee name						
03/30/2023	Cy-Fair Educational Foundation						
Amount (\$) 312.50	Payee Address; City; State; Zip PO Box 1698						
	Houston, TX 77410						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) donation to gala					
Date	Payee name						
04/19/2023	Greater Houston Police Activities League						
Amount (\$) 400.00	Payee Address; City; State; Zip 1200 Travis St.						
	Houston, TX 77002						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(See instructions regarding type of information required.) donation					
Date 02/24/2023	Payee name Houston Area Women's Center						
Amount (\$) 200.00	Payee Address; City; State; Zip 1010 Waugh Dr.						
PURPOSE OF EXPENDITURE	Houston, TX 77019 (a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required) donation to gala					

SCHEDULE |

The Instruction Guide explains how to complete this form.								
1	Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Hull, Lacey M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084135						
4	Date 01/06/2023	5 Payee name Spring Branch Education Foundation						
6	Amount (\$) 1,000.00	7 Payee Address; City; State; Zip 955 Campbell Rd. Houston, TX 77024						
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (See instructions regarding type of information required.) color run sponsorship						
	Date 03/10/2023	Payee name Spring Branch Education Foundation						
	Amount (\$) 750.00	Payee Address; City; State; Zip 955 Campbell Rd. Houston, TX 77024						
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (See instructions regarding type of information required.) donation to gala						
Date Payee name								
03/20/2023 Spring Branch Education Foundation								
	Amount (\$) 750.00	Payee Address; City; State; Zip 955 Campbell Rd. Houston, TX 77024						
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (See instructions regarding type of information required.) donation to gala						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

_									
	The Instruction Guide explains how to complete this form.						ages Schedule K: ./2 Rpt: 62/64		
2	FILER NAME			3			D (Ethics Commission Filers		
	Hull, Lacey M. (The Honorable)				000)84	135		
4	4 Date		5 Name of person from whom amount is received				8 Amount (\$)		
	05/23/2023	5/23/2023 Allison, Steve					\$20.00		
		6	Address of person from whom amount is received; City; State; Zip Code						
		Austin, TX 78701							
		7	Purpose for which amount is received	politi	ical contribution returned to filer				
		reimbursement for committee gift							
	Date	nate Name of person from whom amount is received				Amount (\$)			
	05/04/2023	Amazon.com						\$10.27	
		ļ	Address of person from whom amount is received; City; State; Zip Code						
		Seatle, WA 98144							
			ontr	tribution returned to filer					
			return of office supplies						
	Date		Name of person from whom amount is received				Amount (\$)		
	05/23/2023	<u> </u>	Brooks Landgraf Campaign					\$20.00	
	Address of person from whom amount is received; City; State; Zip Code								
		Odessa, TX 79788							
	_		ontr	ibution returned to filer					
	committee gift reimbursement								
	Date	Ħ	Name of person from whom amount is received				Amount (\$)		
05/23/2023		Campaign of Giovanni Capriglione					\$20.00		
	Address of person from whom amount is received; City; State; Zip Code								
		, , , , , , , , , , , , , , , , , , ,							
		Southlake, TX 76092							
	_		ontr	ibution returned to filer					
			reimbursement for committee gift	,					
	Date	<u> </u>	Name of person from whom amount is received				Amount (\$)		
	01/17/2023	Costco Wholesale			(4)	\$49.91			
	Address of person from whom amount is received; City; State; Zip Code								
		L	Houston, TX 77055						
			——————————————————————————————————————	politi	cal co	ontr	ibution returned to filer		
	return office supplies from Dec								

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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	The Instru	ages Schedule K: /2 Rpt: 63/64				
2	2 FILER NAME 3 Filer II				(Ethics Commission Filers)	
	Hull, Lacey M. (The Honorable)				135	
┰	Date					
ľ	05/23/2023					\$20.00
	03/23/2023					Ψ20.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78701				
		7 Purpose for which amount is received Check if p	olitica	al contr	ibution returned to filer	
		reimbursement for committee gift				
⊨	Date					
	05/23/2023	Name of person from whom amount is received Johnson, Ann			Amount (\$)	\$20.00
	03/23/2023					Ψ20.00
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78701				
			olitica	al contr	libution returned to filer	
		reimbursement for committee gift	Ontio	ai oonii	ibation retained to mor	
⊨	Data				Δ == 0 (Φ)	
	Date 05/23/2023	Name of person from whom amount is received King, Tracy			Amount (\$)	\$20.00
	03/23/2023					Φ20.00
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78701				
					ibution returned to filer	
F	Date Name of person from whom amount is received				Amount (\$)	
	05/23/2023 Lozano, JM					\$20.00
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78701				
		al contr	ibution returned to filer			
		committee gift reimbursement				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 64/64 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hull, Lacey M. (The Honorable) 00084135 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Swiss Air 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Hull, Lacey 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) American Swiss Foundation conference