CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00084135	sion Filers)	2 Total pages filed: 53
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Lacey M.			Date Received
'"""					ELECTRONICALLY FILED
]
	NICKNAME	LAST		SUFFIX	01/16/2024
		Hull			
4 CANDIDATE /	ADDRESS / PO BOX; APT	Γ / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	PO Box 19231				
ADDRESS					Receipt # Amount
Change of Address	Houston, TX 77724				
	110u3ton, 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 PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER	9 Rollingwood Dr				
ADDRESS					
(Residence or Business)	Houston, TX 77080				
	Housion, 1× 11000				
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION		
TREASURER	(713) 446-6426				
PHONE					
8 REPORT					
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer
		- -	_	_	appointment (officeholder only)
	July 15	8th day before		Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year
COVERED	07/01/2023	TF	IROUGH	12/31/202	3
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	∐P	rimary	Runoff	Other
		│ □G	eneral	Special	
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGHT	(if known)
	State Representative Dis	trict 138			(ii kilowily
	State Propresentative Bio				
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 53

13 C / OH NAME	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 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 TH. ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 46.80				
	4. TOTAL POLITIC	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 215,004.75		
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	<u> </u>		
		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	rtify 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 COH **COVER SHEET PG 3**

					3 01 53	
	LER NAN	ME y M. (The Honorable)	19 Filer ID 00084135	(Eth	ics Commission Filers)	
20 SC	CHEDUL	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	104,879.82	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	500.00	
3.		\$				
4.		\$				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	38,711.47		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$		
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	\$	1,790.89	
12	. <u> </u>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/53	
	FILER NAME Hull, Lacey N	Л. (The Honorable)		3	Filer ID (Ethics Commission 00084135	on Filers)
	Date 11/30/2023	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$750.00
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID# Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID# Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	Employer (See Instructions	j ;)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID# Amabelle, Mia Contributor address; City; State; Zip Code Houston, TX 77024			Amount of Contribution (\$)	\$25.00
	Principal occu NP	pation / Job title (See Instructions)	Employer (See Instructions MD Anderson	<u>(</u>		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID# Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701	· :)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBU	TION	IS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 5/53	
2	FILER NAME Hull, Lacey N	И. (The Honorable)			3	Filer ID (Ethics Commission 00084135	on Filers)
4	Date 12/05/2023	 Full name of contributor out-of-state PAC (Bornstein, Sue Scher Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
		Boerne, TX 78606					
8	Principal occu unknown	pation / Job title (See Instructions)	9	Employer (See Instructions unknown	5)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (Bresnen, Amy Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	attorney			self			
	Date 11/30/2023	Full name of contributor X out-of-state PAC (Bristol-Myers Squibb Company PAC Contributor address; City; State; Zip Code	(ID#: <u>168</u>	38645)		Amount of Contribution (\$)	\$500.00
		Washington, DC 20004					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (Bush, Pierce Contributor address; City; State; Zip Code Houston, TX 77006	`			Amount of Contribution (\$)	\$100.00
	Principal occu CEO	oation / Job title (See Instructions)		Employer (See Instructions BBBS Lone Star	s)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (Butler, Judy Contributor address; City; State; Zip Code Manchaca, TX 78652				Amount of Contribution (\$)	\$100.00
	Principal occu retired	oation / Job title (See Instructions)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/53	
2	FILER NAME Hull, Lacey N	Л. (The Honorable)		3	Filer ID (Ethics Commissio 00084135	n Filers)
4	Date 11/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,500.00
		Washington, TX 20004				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_ Canady, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Humble, TX 77396 pation / Job title (See Instructions)	Employer (See Instructions	.) 		
	unknown	oution / Job title (See Instructions)	unknown	')		
	Date 11/30/2023	Full name of contributor X out-of-state PAC (ID#: C Centene Corporation PAC Contributor address; City; State; Zip Code	COO39785)		Amount of Contribution (\$)	\$1,000.00
		St. Louis, MO 63105				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#:_ Clemens, Steven Contributor address; City; State; Zip Code Tomball, TX 77375)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 11/30/2023	Full name of contributor X out-of-state PAC (ID#: C Comcast Corporation & NBCUniversal PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103	00024871		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		l				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/53	
2	FILER NAME Hull, Lacey N	Л. (The Honorable)			3	Filer ID (Ethics Commission 00084135	on Filers)
4	Date 11/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_	Dringing Loggy	Austin, TX 78701	lo.	Employer (Coa Instructions			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 11/27/2023	Cowell, Ronnye				Amount of Contribution (\$)	\$520.51
	Dringing agg	Houston, TX 77024		Employer (See Instructions			
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 12/05/2023	Full name of contributor	e PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Houston, TX 77080					
	Principal occu unknown	pation / Job title (See Instructions)		Employer (See Instructions unknown)		
	Date 10/20/2023	Full name of contributor out-of-stat Deborah Goodell Polan, PC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/11/2023	Full name of contributor x out-of-state DentaQuest PAC Contributor address; City; State; Zip Code Boston, MA 02129	e PAC (ID#: <u>C00</u>	78229		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/53	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Hull, Lacey I	M. (The Honorable)				00084135	
4	Date 12/05/2023	5 Full name of contributor Dimmitt, Kathy 6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$250.00
		Houston, TX 77027					
8		pation / Job title (See Instructions)		Employer (See Instructions			
	sales			Dimmitt Contemporary A	∖rt		
	Date 12/05/2023	Full name of contributor Dinkins, Carol Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77055					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	unknown			unknown			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2023	Eastin, Emily	out of state 1710 (1571.			7 mileding of Germanication (4)	\$1,000.00
		Contributor address; City; State	e; Zip Code				
		Austin, TX 78735			Ļ		
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	CEO			Texas Nurse Practitione	rs		
	Date	Full name of contributor	out-of-state PAC (ID#: 1605	5754)		Amount of Contribution (\$)	
	09/12/2023	Elevance Health PAC Contributor address; City; State	e; Zip Code				\$5,000.00
		Washington, DC 20004					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/22/2023	Eye PAC of the Texas Opht		n			\$1,000.00
		Contributor address; City; Stat	e; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

MONE	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instr	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 6/17 Rpt: 9/53
2 FILER NAM Hull, Lacey	E / M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/29/2023	6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100.00
8 Principal occ Vice Presid	Houston, TX 77080 cupation / Job title (See Instructions) dent	9 Employer (See Instruction Scope Imports	s)
Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_3 Flanagan, Sandra Contributor address; City; State; Zip Code Houston, TX 77041		Amount of Contribution (\$) \$260.25
Principal occ retired	cupation / Job title (See Instructions)	Employer (See Instruction retired	s)
Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_3 Foley & Lardner LLP Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00
Principal occ	Dallas, TX 75201 cupation / Job title (See Instructions)	Employer (See Instruction	s)
Date 10/23/2023	Contributor address; City; State; Zip Code	C00199257)	Amount of Contribution (\$) \$500.00
Principal occ	So. San Fransisco, CA 94080 cupation / Job title (See Instructions)	Employer (See Instruction	<u> </u> s)
Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: Hartman, Vivecca Contributor address; City; State; Zip Code Houston, TX 77043		Amount of Contribution (\$) \$500.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruction self	s)

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 10/53	
2	FILER NAME Hull, Lacey	И. (The Honorable)			3	Filer ID (Ethics Commission 00084135	ion Filers)
4	Date 11/20/2023	5 Full name of contributorHealth Care Service Coo6 Contributor address; City; S			7	Amount of Contribution (\$)	\$1,500.00
		Chicago, IL 60601					
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	S)		
	Date 12/05/2023	Full name of contributor Hillco PAC Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	s)		
	Date 12/21/2023	Full name of contributor Hillco PAC Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$10,000.00
	Detection	Austin, TX 78701		Former (One backwarther	<u></u>		
	Principal occu	pation / Job title (See Instruction	o)	Employer (See Instructions	>)		
	Date 12/29/2023	Full name of contributor Hochheim Prarie PAC Contributor address; City; S Yoakum, TX 77995	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Date 12/05/2023	Full name of contributor Hodges, Carolyn Contributor address; City; S Houston, TX 77053	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$104.10
	Principal occuretired	pation / Job title (See Instruction	5)	Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/53	
2	FILER NAME Hull, Lacey N	Л. (The Honorable)		3	Filer ID (Ethics Commission 00084135	on Filers)
4	Date 11/30/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$750.00
_	Deignaignal	Austin, TX 78701	O. Frankrija (Caa kastrustia ra			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/05/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77041 pation / Job title (See Instructions)	Employer (See Instructions)		
	•		. , .	<u></u>		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: Houston Associated General Contractors PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77092				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#:_ Houston Fire Fighters PAC Contributor address; City; State; Zip Code Houston, TX 77009)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ Jackson Walker LLP Political Action Committee Contributor address; City; State; Zip Code Dallas, TX 75201)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MC	ONET	ARY POLITICAL CONTRI	IBUTION	IS		SCHEDUL	E A1
The	e Instru	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 9/17 Rpt: 12/53	
	R NAME				3	Filer ID (Ethics Commission	n Filers)
Hull,	, Lacey N	И. (The Honorable)				00084135	
4 Date 12/0	e 05/2023	 5 Full name of contributor	te PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
		Houston, TX 77043					
	cipal occu nown	pation / Job title (See Instructions)	9	Employer (See Instructions unknown	s)		
Date 12/0	94/2023	Full name of contributor out-of-state Kennedy, Kerry Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
Princ	cipal occu	Houston, TX 77084 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	MHHS Hospice			NP	-,		
Date 12/0	99/2023	Full name of contributor out-of-state Chatua, Sonny Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Katy, TX 77493					
		pation / Job title (See Instructions) Contractor		Employer (See Instructions Vangaurd Field Strategi			
Date 11/3	9 30/2023	LAW-PAC				Amount of Contribution (\$)	\$500.00
Princ	cipal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>1</u> S)		
Date 11/3	9 80/2023	Lanagan, Lindsey)	•	Amount of Contribution (\$)	\$520.51
Dring	cinal coor	Houston, TX 77009 pation / Job title (See Instructions)	1	Employer (See Instructions	-) 		
VP	upai uccu	pation / Job title (See Instructions)		Employer (See Instructions Legacy CommunityHea			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to comple	ete this form	n.	1	Total pages Schedule A1: Sch: 10/17 Rpt: 13/53	
2	FILER NAME Hull, Lacey N	1. (The Honorable)			3	Filer ID (Ethics Commission 00084135	n Filers)
4	Date 12/05/2023	 Full name of contributor out-of-state Landrum, Michael Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
8		Houston, TX 77024 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Unknown Date 12/29/2023	Lednicky, Mike	PAC (ID#:	unknown		Amount of Contribution (\$)	\$260.25
	Principal occup Accountant	oation / Job title (See Instructions)		Employer (See Instructions Wilkirson-Hatch Bailey F		eral Home	
	Date 11/30/2023	Full name of contributor out-of-state Linebarger Goggan Blair & Sampson L Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78760 Dation / Job title (See Instructions)		Employer (See Instructions	 		
	Date 12/28/2023	Longbow Partners	PAC (ID#:			Amount of Contribution (\$)	\$350.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/28/2023	Full name of contributor out-of-state Lyons, Duane Contributor address; City; State; Zip Code Bryan, TX 77808				Amount of Contribution (\$)	\$50.00
	Principal occu sales	pation / Job title (See Instructions)		Employer (See Instructions Duraline	5)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 11/17 Rpt: 14/53	
2	FILER NAME Hull, Lacey N	1. (The Honorable)			3	Filer ID (Ethics Commission 00084135	on Filers)
4	Date 11/20/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
•	Dringing Lagge	Austin, TX 78746	lo.	Employer (Coo Instructions	<u>, , </u>		
0	VP GR	pation / Job title (See Instructions)	9	Employer (See Instructions BCBS	s)		
	Date 08/30/2023	Full name of contributor X out-of-state PAC (McGuireWoods Federal PAC Fund Contributor address; City; State; Zip Code	(ID#: <u>13</u>	(69217)		Amount of Contribution (\$)	\$250.00
	Principal occu	Richmond, VA 23219 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (Mellen, Frank Contributor address; City; State; Zip Code Houston, TX 77080)		Amount of Contribution (\$)	\$25.00
	Principal occu unknown	pation / Job title (See Instructions)		Employer (See Instructions unknown	<u> </u> ;)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (Moak Casey LLP Contributor address; City; State; Zip Code Austin, TX 78746				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 11/06/2023	Full name of contributor out-of-state PAC (NAIFA Texas IFA PAC Contributor address; City; State; Zip Code Austin, TX 78746	I (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to compl	ete this form.	1 Total pages Schedule A1: Sch: 12/17 Rpt: 15/53
2	FILER NAME	Л. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4	Date 12/05/2023	 5 Full name of contributor	7 Amount of Contribution (\$) \$2,000.00	
_	Deinsinal	Princeton, NJ 08540	Secretaria (Contrata de	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	Date 12/04/2023	Full name of contributor out-of-state Nettles, David Contributor address; City; State; Zip Code	te PAC (ID#:)	Amount of Contribution (\$) \$500.00
	Dringing agg	Houston, TX 77027	Employer (Coo Instruct	iona)
	property tax	pation / Job title (See Instructions) consulant	Employer (See Instruct Nettles Co	ions)
	Date 11/30/2023	Full name of contributor out-of-state Oberhoff, Donica Contributor address; City; State; Zip Code	te PAC (ID#:)	Amount of Contribution (\$) \$250.00
		San Antonio, TX 78258		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date 12/30/2023	Full name of contributor x out-of-state Otsuka US PAC Contributor address; City; State; Zip Code	te PAC (ID#: <u>C0055383</u>	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date 11/30/2023	Full name of contributor X out-of-state Pfizer PAC Contributor address; City; State; Zip Code New York, NY 10001	te PAC (ID#: <u>1687011</u>)	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

	MONET	ARY POLITICAL CONT		SCHEDULE A1			
	The Instru	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/53	
2	FILER NAME Hull, Lacey N	И. (The Honorable)			3	Filer ID (Ethics Commission 00084135	n Filers)
4	Date 12/29/2023	 Full name of contributor out-of Political Action Committee of the I Contributor address; City; State; Zip C 		surance Agents of Texas	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78738 pation / Job title (See Instructions)		9 Employer (See Instructions	(;		
_	Date 12/29/2023		f-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu unknown	pation / Job title (See Instructions)		Employer (See Instructions unknown	5)		
	Date 12/31/2023	Rivera, Sonia Contributor address; City; State; Zip C	f-state PAC (ID#:_ Code			Amount of Contribution (\$)	\$104.10
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 12/05/2023	Schuchart, Fred Contributor address; City; State; Zip C	f-state PAC (ID#:_			Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	Houston, TX 77055 pation / Job title (See Instructions)		Employer (See Instructions Cooper & Scully, PC	5)		
	Date 12/05/2023	Full name of contributor out-of Simpson, Paul Contributor address; City; State; Zip C	f-state PAC (ID#:_ Code			Amount of Contribution (\$)	\$500.00
	Principal occu attorney/eng	pation / Job title (See Instructions) ineer		Employer (See Instructions self)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 14/17 Rpt: 17/53	
2	FILER NAME Hull, Lacey N	1. (The Honorable)			3	Filer ID (Ethics Commission 00084135	on Filers)
4	Date 12/31/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$104.10
8	Principal occu	Houston, TX 77064 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>;)</u>		
	Retired			Self	-,		
	Date 10/03/2023	Full name of contributor out-of-state PAC (ID TALHI Life Insurance PAC Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1,500.00
	Drincinal occu	Austin, TX 78767 pation / Job title (See Instructions)	_	Employer (See Instructions	·)		
	r illicipai occu	oation 7 Job title (See matrictions)		Employer (See instructions	P)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID TALHI Life Insurance PAC Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78767					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/22/2023	Full name of contributor out-of-state PAC (IETREPAC 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	5)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID Taylor, Lauren Contributor address; City; State; Zip Code Houston, TX 77080-7617)		Amount of Contribution (\$)	\$200.00
	Principal occu realtor	oation / Job title (See Instructions)		Employer (See Instructions Compass	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/17 Rpt: 18/53	
2	FILER NAME Hull, Lacey N	Л. (The Honorable)		3	Filer ID (Ethics Commission 00084135	on Filers)
4	Date 08/30/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$30,000.00
•	Dringing oggu	Austin, TX 78701	D. Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	')		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: Texas Association of Health Plans PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#: Texas Building Branch AGC PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#: Texas Energy PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: Texas Lobby Partners LLP Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/17 Rpt: 19/53	
2	FILER NAME Hull, Lacey N	Л. (The Honorable)		3	Filer ID (Ethics Commission 00084135	on Filers)
4	Date 12/05/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal	Austin, TX 78702	lo Francisco (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ The US Oncology Network PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	The Woodlands, TX 77380 pation / Job title (See Instructions)	Employer (See Instructions	_		
	r inicipal occu	oduon 7 300 title (See mstructions)	Employer (See manucuons	')		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ USAA Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
		San Antonio, TX 78288-0453				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/30/2023	Full name of contributor X out-of-state PAC (ID#:_ WALPAC Contributor address; City; State; Zip Code Bentonville, AR 72716	1302615)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ Whitmire & Munoz Political Fund Contributor address; City; State; Zip Code Houston, TX 77007			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/17 Rpt: 20/53	
2	FILER NAME Hull, Lacey N	M. (The Honorable)		3	Filer ID (Ethics Commission 00084135	on Filers)
4	Date 12/05/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Navasota, TX 77868 upation / Job title (See Instructions)	9 Employer (See Instructions	 - s)		
	retired		retired			
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#: Woloson, Scott Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00
	Deinging Lagge	Houston, TX 77055	Familia ay (Coo Inger ation	<u></u>		
	attorney	upation / Job title (See Instructions)	Employer (See Instructions Law Office of Scott Wol		on	
	Date 09/25/2023	Full name of contributor out-of-state PAC (ID#:_deZavallos Ed.D., Shelly Contributor address; City; State; Zip Code Houston, TX 77084			Amount of Contribution (\$)	\$500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Aviation Mar	nagement	West Houston Airport			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Inetw	ustion Cuido avaloino hourto complete this f	O M100	1 Total pages Schedule A2:						
i ne instru	action Guide explains how to complete this f	orm.	Sch: 1/1 Rpt: 21/53						
2 FILER NAME	=		3 Filer ID (Ethics Commission Filers)						
Hull, Lacey	M. (The Honorable)		00084135						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$						
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution						
10/11/2023	TREPAC		contribution (\$) description \$250.00 Advertising for fundraising						
	7 Contributor address; City; State; Zip Code		event in support of						
			Representative Lacy Hull						
			ifor HD 138						
	Austin, TX 78701	ī	Check if travel outside of Texas. Complete Schedule T.						
10 Principal occ	10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions)								
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution						
11/30/2023	· — · —	/	contribution (\$) description						
	Contributor address; City; State; Zip Code		\$250.00 Ladvertising for fundraising						
			event						
			į						
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.						
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

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		mmittee	Legal Services	Sala		ges	/Contract Labor		OTHER (enter a	strict a category not listed a	bove)
		_		The Instruction Gu	ilde explains now	to com	pie	te this form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 1/30 Rpt: 22/53		Hull, Lacey I	M. (The Honora	ble)					00084135		
4	Date	5	Payee name									
	12/08/2023		1-800 Flowe	ers								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	е					
	\$87.65		Two Jericho	Plaza								
			Jericho, NY	11753								
8	PURPOSE	(a)		e Categories listed at th	on top of this sahadula)	10	b)	Description				
	OF	(",		e Categories listed at tr 'Memorials Expe		' '	~,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Oner wards	Memoriais Expe	51136			=		officeholder livin		
								get well flowe	ers			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/19/2023		Adobe									
	Amount (\$)		Payee addres	ss; City;	State; Zir	Code	e					
	\$108.24		345 Park Av	renue								
			San Jose, C	Λ 05110								
						1						
	PURPOSE OF	(a)		e Categories listed at th	ne top of this schedule)	(t	b)	Description	oto:	do of Toyon Con	anlata Cabadula T	
	EXPENDITURE		Fees					=		of rexas. Con officeholder livin	nplete Schedule T.	
								Adobe Spark			gonponoo	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	ht			Office h	eld	
	expenditure to benefit C/OI					9						
	Date		Davis a name									
	07/22/2023		Payee name Amazon.con	n								
	Amount (\$)		Payee addres	•	State; Zip	Code	е					
	\$97.67			venue South								
			Suite 1200									
			Seattle, WA	98144								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(l	b)	Description				
	OF EXPENDITURE		Printing Exp					ш			nplete Schedule T.	
	LAFENDITORE							_		officeholder livin	g expense	
								mailing suppl	ies			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	sough	ht			Office h	eld	
	experience to beliefft 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 2/30 Rpt: 23/53	Hull, Lacey M. (The Honorable)			00084135	
4	Date	5 Payee name		•		
	12/19/2023	Bank Of Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$31.00	13230 W Little York Rd				
		Houston, TX 77041				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description	1		
	OF EXPENDITURE	Accounting/Banking			de of Texas. Com	plete Schedule T.
	EXPENDITURE		_		officeholder living	g expense
			check ord	er		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	ald
9	Complete ONLY if direct expenditure to benefit C/Ol				Office fi	eiu
_	Date					
	Date	Payee name				
	07/03/2023	Butler, Judy				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,638.81	13504 Mariscan St				
		Manchaca, TX 78652				
	PURPOSE OF	,	Description			
	EXPENDITURE	Transportation Equipment & Related Expense			de of Texas. Com officeholder living	plete Schedule T. g expense
		LAPENSE				campaign work
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	12/30/2023	Butler, Judy				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$364.18	13504 Mariscan St				
		Manchaca, TX 78652				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description	<u> </u>		
	OF EXPENDITURE	Transportation Equipment & Related	Check if tra	avel outsi		plete Schedule T.
	EXPENDITURE	Expense	ш		officeholder living	•
			mileage re	eimbur	sement for (campaign work
	Complete ONII V if allow	Condidate/Officeholder non-			Office	al d
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	L		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

	rolling Expense rinting Expense salaries/Wages/Contract Labor w to complete this form.	Travel Out of District OTHER (enter a category not listed above)
ER NAME		3 Filer ID (Ethics Commission Filers) 00084135
		00004133
	ssionals, LLC	
1 NE 46th	Lip Gode	
	[nx	
	′ I — '	outside of Texas. Complete Schedule T.
nung Expense	I -	, TX, officeholder living expense
	mailers	
didate/Officeholder name Off	ce sought	Office held
vee name		
mpaign Advocacy Management Profe	ssionals, LLC	
vee address; City; State;	Zip Code	
1 NE 46th		
lahoma City, OK 73105		
nting Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	mailers	
didate/Officeholder name Off	ce sought	Office held
/ee name		
mpaign Advocacy Management Profe		
mpaign Advocacy Management Profe vee address; City; State;	ssionals, LLC Zip Code	
mpaign Advocacy Management Profe		
mpaign Advocacy Management Profe vee address; City; State;		
mpaign Advocacy Management Profe /ee address; City; State; 1 NE 46th	Zip Code (b) Description	
mpaign Advocacy Management Profe vee address; City; State; I NE 46th	(b) Description Check if travel of	outside of Texas. Complete Schedule T. TX. officeholder living expense
mpaign Advocacy Management Profere address; City; State; 1 NE 46th Ilahoma City, OK 73105 Regory (See Categories listed at the top of this schedule)	(b) Description Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense
mpaign Advocacy Management Profere address; City; State; 1 NE 46th Ilahoma City, OK 73105 Regory (See Categories listed at the top of this schedule)	(b) Description Check if travel of Check if Austin,	
mpaign Advocacy Management Profere address; City; State; I NE 46th Iahoma City, OK 73105 Regory (See Categories listed at the top of this scheduling Expense	(b) Description Check if travel of Check if Austin,	
mpaign Advocacy Management Profere address; City; State; I NE 46th Iahoma City, OK 73105 Regory (See Categories listed at the top of this scheduling Expense	(b) Description Check if travel of Check if Austin, push cards	, TX, officeholder living expense
mpaign Advocacy Management Profere address; City; State; I NE 46th Iahoma City, OK 73105 Regory (See Categories listed at the top of this scheduling Expense	(b) Description Check if travel of Check if Austin, push cards	, TX, officeholder living expense
1 / 1 / 1 1 2 1	I, Lacey M. (The Honorable) ree name mpaign Advocacy Management Profe ree address; City; State; L NE 46th ahoma City, OK 73105 regory (See Categories listed at the top of this schedulating Expense lidate/Officeholder name Office address; City; State; L NE 46th ahoma City, OK 73105 ree address; City; State; L NE 46th ahoma City, OK 73105 regory (See Categories listed at the top of this schedulating Expense	I, Lacey M. (The Honorable) ree name mpaign Advocacy Management Professionals, LLC ree address; City; State; Zip Code INE 46th ahoma City, OK 73105 regory (see Categories listed at the top of this schedule) Initing Expense The name mpaign Advocacy Management Professionals, LLC ree address; City; State; Zip Code In NE 46th The name mpaign Advocacy Management Professionals, LLC ree address; City; State; Zip Code In NE 46th The name of this schedule of this schedule of the code if ravel of the code if the c

SCHEDULE F1

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

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

	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: 4/30 Rpt: 25/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	10/05/2023	Cy-Fair Liberty PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	13121 Louetta Rd
		Cypress, TX 77429
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
		uonation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/19/2023	Cy-Fair Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	10750 Barker Cypress Road
		Ste 104 #153
		Houston, TX 77443
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense High Heels and High Tea program
		nigii neels aliu nigii Tea program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 12/26/2023	Payee name
		Fankell, Emily
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2300 Hancock Dr.
		Austin, TX 78756
	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 staff Christmas gift
		Stan Omstrias ynt
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

	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: 5/30 Rpt: 26/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	12/29/2023	Fankell, Emily
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,740.00	2300 Hancock Dr.
		Austin, TX 78756
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/25/2023	FedEX
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.47	12361 Barker Cypress
		Houston, TX 77429
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense fliers
		illers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/21/2023	FedEX
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.47	800 Gessner Rd

		Houston, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		fliers
	0 1 0 0 0 0 0	
	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 Committee Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Event Expense Fees Food/Beverage Expense

Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
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: 6/30 Rpt: 27/53	Hull, Lacey M. (The Honorable)	00084135			
4	Date	5 Payee name				
	07/25/2023	Greater Houston Republican Women				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$150.00	11007 Wortham Blvd				
		Houston, TX 77065				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	1 663	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense			
		event fee	istin, 17, directioned living expense			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OF	Ч				
	Date	Payee name				
	11/13/2023	HCRP				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$750.00	8588 Katy Freeway				
	!	Suite 445				
	!	Houston, TX 77024				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if tra	avel outside of Texas. Complete Schedule T.			
	!	filing fee	ustin, TX, officeholder living expense			
	!					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OF	н				
	Date	Payee name				
	12/05/2023	HEB				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$24.44	9710 Katy Freeway				
		Houston, TX 77055				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense	avel outside of Texas. Complete Schedule T.			
		,	ustin, TX, officeholder living expense CE SUPPlieS			
		district only	se supplies			
_	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 Commit

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/Political Committee Credit Card Payment			Legal Services The Instruction Guide expla		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission File	rs)
	Sch: 7/30 Rpt: 28/53		M. (The Honorable)					00084135		
4	Date	5 Payee name								
	07/05/2023	Hill Country	Springs							
6	Amount (\$)	7 Payee addre	ss; City; S	tate; Zip Co	ode					
	\$45.82	10019 S In	terstate 35							
		Austin, TX	78747		_					
8	PURPOSE	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense					de of Texas. Comp		
						water delivery		officeholder living	expense	
						water delivery	y			
Ļ	Commission ONLL V if alice at	Condidate/Off	in a la al al a ura ura a	Office				Office he	ıla	
9	Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	igni			Office he	eiu .	
_	Data									
	Date	Payee name								
	08/02/2023	Hill Country								
	Amount (\$)	Payee addre		tate; Zip Co	ode					
	\$10.83	10019 S Int	terstate 35							
		Austin, TX	78747							
	PURPOSE	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			=		de of Texas. Comp		
						—		officeholder living	expense	
						water delivery	y			
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.	
	expenditure to benefit C/O		icentification from the state of the state o	Office 300	igiit			Office fic	ii d	
_	Data	D								
	Date 09/05/2023	Payee name Hill Country								
	Amount (\$)	Payee addre	•	tate; Zip Co	ode					
	\$10.83	10019 S In	terstate 35							
		Austin, TX	78747							
	PURPOSE OF		ee Categories listed at the top of th	is schedule)	(b)	Description		d4.T O	eleke Oele edule T	
	EXPENDITURE	Office Over	head/Rental Expense			브		de of Texas. Comp officeholder living		
						water delivery		omeeneder ming	СКРОПОС	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OH									

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica 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)		
┰	Total pages Schedule F1:	2 EII ED NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 8/30 Rpt: 29/53		- M. (The Honorable)					00084135	(Earlos Commissio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Payee name					<u> </u>			
	11/02/2023	Hill Country								
<u>ـ</u> ـــا	Amount (\$)	7 Payee addre	· -	ate; Zip Co	ndo.					
ľ	\$9.82	10019 S Int		iic, zip cc	uc					
l	Ψ3.02	10013 3 111	cistate os							
		Austin, TX	78747							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
l	OF EXPENDITURE	Office Over	head/Rental Expense					ide of Texas. Com		
						water delivery		, officeholder living	expense	
l						water delivery	y			
Ļ	Complete ONLY if direct	Candidata/Offi	achalder name	Office cou	abt			Office he	ald.	
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	gnı			Office he	eid	
Г	Date	Payee name								
	12/01/2023	Hill Country	Springs							
Г	Amount (\$)	Payee addre	ss; City; Sta	ate; Zip Co	de					
	\$24.82	10019 S Int	erstate 35							
		Austin, TX	78747							
	PURPOSE OF		ee Categories listed at the top of this	schedule)	(b)	Description				
l	EXPENDITURE	Office Over	head/Rental Expense			=		ide of Texas. Com , officeholder living		
						water delivery		, omcendaer nymg	гелреное	
							,			
⊢	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	aht			Office he	-jų	
l	expenditure to benefit C/OI			000 000	9			000		
┝	Data									
	Date	Payee name	21/							
┡	11/09/2023	Hobby Lobb	<u>* </u>							
l	Amount (\$)	Payee addre		ate; Zip Co	de					
l	\$4.32	10516 Katy	Freeway							
		Houston, T	X 77043							
l	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	District 138	ornament			브		ide of Texas. Com	•	
						ш	, IX	, officeholder living	expense	
						ornament				
\vdash	Complete ONLY if direct	Candidata/Off	achaldar nama	Office	abt			Office	ald.	
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ynı			Office he	สน	
\vdash	•									
l										

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorial Legal Services	s Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of D OTHER (enter	oistrict a category not listed above)
L	Steak Sara Faymont			The Instruction G	uide explains	how to cor	nple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/30 Rpt: 30/53		Hull, Lacey	M. (The Honor	able)					00084135	
4	Date	5	Payee name								
	10/03/2023		Horseshoe	Bay Resort							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$33.69		200 Hi Circl	e North							
			Horseshoe	Bay, TX 78657							
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			ion Equipment		,		Check if travel	outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITORE		Expense					—	, TX,	officeholder livin	ng expense
								parking			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	expenditure to benefit C/OI	H —									
	Date		Payee name								
	12/20/2023		Houston Sig	gn Company							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$1,236.76		5801 Chimr	ney Rock Rd							
				-							
			Houston, T	x 77081							
_	PURPOSE	(2)				1	(h)	Description			
	OF	(۳)	Advertising	ee Categories listed at	the top of this sch	nedule)	(2)		outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		Auvertising	Lxperise				=		officeholder livin	
								signage			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н									
F	Date		Payee name								
	12/12/2023		Hula Hut								
	Amount (\$)	\vdash	Payee addre	ss; City;	State	; Zip Co	de				
	\$130.99		3825 Lake		Siale	, Zip C0i	uU				
	φ130.99		JUZJ LAKE	เนอแท มเขน							
			Acception TNC	70700							
			Austin, TX	78703		.					
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Food/Bever	age Expense				브			mplete Schedule T.
								meal in Austin		officeholder livin	ig expense
								mourin Austii			
_	Complete ONLY if direct	Ц	Candidate/Offi	ceholder name		Office soug	thr			Office h	neld
	expenditure to benefit C/O		Janunatt/Ulli	conduct name	(onice sou(gill			Office I	iciu
_											

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 C Credit Card Payment	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: 10/30 Rpt: 31/53	Hull, Lacey M. (The Honorable) 00084135
4 Date 5	Payee name
09/07/2023	Hyatt Regency Lost Pines
6 Amount (\$) 7	Payee address; City; State; Zip Code 575 Hyatt Lost Pines Rd Cedar Creek, TX 78612
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2023	Jenny's Flower Shop
Amount (\$)	Payee address; City; State; Zip Code
\$97.41	9819 Long Point Rd
	Unit B
	Houston, TX 77055
PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense thank you gift
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/07/2023	Jerry's Artorama Austin
Amount (\$)	Payee address; City; State; Zip Code
\$73.56	6010 N IH 35
	Austin, TX 78752
PURPOSE OF EXPENDITURE	(b) Description Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense resolution framing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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/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: 11/30 Rpt: 32/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	09/22/2023	Lyons, Coby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	2931 Stetson Lane
		Houston, TX 77043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Opinion 547 Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense child care
		Grind Serie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	09/07/2023	Magic Circle Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.50	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
		event fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	11/22/2023	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		event fee
	0 1	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	The strategy of the strategy 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/30 Rpt: 33/53	Hull, Lacey M. (The Honorable)		00084135
4	Date	5 Payee name		
	07/06/2023	Mailchimp		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$28.25	677 Ponce de Leon Ave NE		
		Atlanta, GA 30308		
8	PURPOSE OF		b) 	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense		Check if Austin, TX, officeholder living expense
				newsletter service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	experientare to benefit Great	'		
	Date	Payee name		
	08/07/2023	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$28.25	677 Ponce de Leon Ave NE		
		Atlanta, GA 30308		
	PURPOSE OF	2 (b) '	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				newsletter service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	experience to benefit ever			
	Date	Payee name		
	09/06/2023	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$28.25	677 Ponce de Leon Ave NE		
		Attacks - CA 20000		
		Atlanta, GA 30308		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) 	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				newsletter service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	S. Portattare to benefit 6/01			

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: 13/30 Rpt: 34/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	10/06/2023	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense newsletter service
		Hewsietter service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	11/06/2023	Mailchimp
L		
	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense newsletter service
		Hewsieller Service
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	12/06/2023	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	Advertising Expense
		Check if Austin, TX, officeholder living expense newsletter service
		Hewsieller service
\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)

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

	Contributing 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: 14/30 Rpt: 35/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	11/17/2023	Marriot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.02	7750 Wisconsin Ave
		Bethesda, MD 20814
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.
		X Check if Austin, TX, officeholder living expense
		special session housing
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/14/2023	Mary Nan Huffman Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1 E Greenway Plaza
	Ψ1,000.00	Ste 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	,	
	Date	Payee name
	11/27/2023	Mary Nan Huffman Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1 E Greenway Plaza
		Ste 225
		Houston, TX 77046
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	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
		donation
	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: 15/30 Rpt: 36/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	11/07/2023	Pho Phong Luu
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.71	1800 Dessau Rd
		Austin, TX 78754
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 / dodii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	07/03/2023	Ruland Rd Self Storage
H	Amount (\$)	Payee address; City; State; Zip Code
	\$77.00	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
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/03/2023	Sonia Rivera Campaign
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 30215
		Houston, TX 77009
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		donation
\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

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: 16/30 Rpt: 37/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	08/31/2023	Spring Branch Community Health Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$287.78	800 W Sam Hosuton Pkway
		Houston, TX 77024
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		iaii naivest sponsorsnip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Pausa sama
		Payee name
	08/25/2023	Spring Branch ISD
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.00	955 Campbell Rd
		Hosuton, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense football program
		lootball program
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davida dama
	07/03/2023	Payee name SquareSpace Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.71	225 Varick St.
		New York, NY 10014
	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
		Web services
		Web Scribes
-	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 17/30 Rpt: 38/53	Hull, Lacey M. (The Honorable)	00084135		
4	Date	5 Payee name	•		
	08/02/2023	SquareSpace Inc			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$48.17	225 Varick St.			
		New York, NY 10014			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description		
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		Check if Austin, TX, officeholder living expense		
			web services		
_			200		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	'				
	Date	Payee name			
	09/05/2023	SquareSpace Inc			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$48.17	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 Web services		
			nos contidos		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				
	Date	Payee name			
	10/02/2023	SquareSpace Inc			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$48.17	225 Varick St.			
	*				
		New York, NY 10014			
	PURPOSE) Description		
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	1 663	Check if Austin, TX, officeholder living expense		
			web services		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	experiulture to beliefft C/OI	1			

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

	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: 18/30 Rpt: 39/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	11/01/2023	SquareSpace Inc
6	Amount (\$) \$48.17	7 Payee address; City; State; Zip Code 225 Varick St.
		New York, NY 10014
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2023	SquareSpace Inc
	Amount (\$) \$48.17	Payee address; City; State; Zip Code 225 Varick St.
		New York, NY 10014
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/10/2023	Storage Depot
	Amount (\$) \$85.00	Payee address; City; State; Zip Code 9021A Ruland Rd.
		Houston, TX 77055
	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 storage unit
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/Memorials Legal Services	Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of I OTHER (enter	District a category not listed above)	
L	·			The Instruction Gu	ide explains	how to cor	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 19/30 Rpt: 40/53		-	M. (The Honora	ble)					00084135	5	
4	Date	5	Payee name									
L	09/07/2023		Storage De	oot								
6	Amount (\$)	7	Payee addre	ss; City;	State:	; Zip Coo	de					
	\$85.00		9021A Rula	nd Rd.								
			Houston, TX	< 77055								
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			head/Rental Exp				=			implete Schedule T.	
	ZA LIBITORL							ш.	, TX,	officeholder livi	ng expense	
								storage unit				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office souç	ght			Office I	held	
L												
	Date		Payee name									
	11/03/2023		Storage De	pot								
	Amount (\$)	T	Payee addres	ss; City;	State	; Zip Coo	de					
	\$67.00		9021A Rula	nd Rd.								
			Houston, TX	< 77055								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			head/Rental Exp				=			mplete Schedule T.	
								—	, TX,	officeholder livi	ng expense	
								storage unit				
_												
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office souç	ght			Office I	neia	
		_										
	Date		Payee name									
L	11/30/2023		Storage De	oot								
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Coo	de					
	\$67.00		9021A Rula	nd Rd.								
			Houston, TX	< 77055								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental Exp	ense			브			mplete Schedule T.	
								Check if Austin,	, TX,	officeholder livi	ng expense	
								storage unit				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office souç	ght			Office I	held	
	onponditure to belieff 6/01	•										

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/30 Rpt: 41/53 Hull, Lacey M. (The Honorable) 00084135 4 Date Payee name 12/29/2023 T-shirt King 6 Amount (\$) Payee address; City; State; Zip Code \$990.84 7798 Harwin Dr. Houston, TX 77036 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense t-shirt order Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/13/2023 Texas House of Representatives Amount (\$) Payee address; City; State; Zip Code \$25.00 PO Box 2910 Austin, TX 78768 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense photo purchase Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/05/2023 Texas Tea Party Republican Women Amount (\$) Payee address: City: State; Zip Code \$42.00 9514 Ballin David Dr Spring, TX 77379 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Christmas party fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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	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: 21/30 Rpt: 42/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	08/23/2023	Texas Young Republicans
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	2633 Mckinney Ave
		Dallas, TX 75204
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/09/2023	The Annie Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$183.75	1800 Post Oak Blvd
		Houston, TX 77056
	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 campaign event planning lunch
		Campaign event planning functi
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/10/2023	The Armadillo Palace
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	5105 Kirby
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense parking
		ραικιία
\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)
tising Expense Event Expense Loan Repayment/Reimbu

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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
	Sch: 22/30 Rpt: 43/53	Hull, Lacey M. (The Honorable)		00084135
4	Date	5 Payee name		· ·
	11/16/2023	Tiff's Treats		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$39.90	1806 Nueces St.		
		Austin, TX 78701		
8	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.
	EXPENDITORE	·		Check if Austin, TX, officeholder living expense
				Buckley's office
_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç H	ght	Office held
	Date	Payee name		
	12/05/2023	Torchy's Tacos		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$181.29	1035 Gessner Rd		
		Houston, TX 77055		
	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 constituent lunch meeting
				constituent incoming
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		9110	Since hold
	Date	Dayon nama		
	10/04/2023	Payee name Twitter		
			do	
	Amount (\$) \$124.48	Payee address; City; State; Zip Cor 1355 Market Street	ue	
	φ124.40	1333 Market Street		
		Can Francisco TV 04102		
		San Fransisco, TX 94103		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Twitter Blue
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O	Н		
_				

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: 23/30 Rpt: 44/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	09/19/2023	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.74	9320 Emora Ln
		Houston, TX 77080
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
		mail gift
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	12/14/2023	USPS
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$66.50	10505 Town and Country Way
		Houston, TX 77024
	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
		mail gifts
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/19/2023	USPS
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$14.35	16635 Spring Cypress Rd
	Ψ14.33	10033 Spring Cypress Ru
		Cuprose TV 77420
		Cypress, TX 77429
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expanse 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
		mail gift
\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) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 24/30 Rpt: 45/53	Hull, Lacey M. (The Honorable) 00084135	
4	Date	5 Payee name	_
	12/21/2023	USPS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$4.75	815 Goodson Road	
		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 travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense mail gift	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	=
	07/11/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$10.98	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	
		transportation in Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	4	
	Date	Payee name	_
	09/11/2023	Village Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$80.00	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. Check if Austin, TX, officeholder living expense	
		event fee	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
l			

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	•	Expense Printing E	Expense /Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		-1-)		3 Filer ID (Ethics Commission Filers)
	Sch: 25/30 Rpt: 46/53	Hull, Lacey M. (The Honorab	oie)		00084135
4	Date	Payee name			
	10/19/2023	Village Republican Women			
6	Amount (\$)	Payee address; City;	State; Zip Co	Code	
	\$40.00	PO Box 79924			
		Houston, TX 77279			
8	PURPOSE	a) Category (See Categories listed at the	e top of this schedule)	(b) Description	
	OF EXPENDITURE	Fees		ı <u>—</u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense
				event fee	, 174 Shootholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sou	pught	Office held
H	Date	Payee name			
	11/06/2023	Village Republican Women			
	Amount (\$)	Payee address; City;	State; Zip Co	Code	
	\$100.00	PO Box 79924	-		
		Houston, TX 77279			
	PURPOSE	a) Category (See Categories listed at the	e top of this schedule)	(b) Description	
	OF EXPENDITURE	Contributions/Donations Mad	de By	Check if travel	outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Politi	ical Committee	Check if Austin	, TX, officeholder living expense
					Tanonio (II)
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u>l</u> ought	Office held
	expenditure to benefit C/O			-	
H	Date	Payee name			
	12/05/2023	Village Republican Women			
	Amount (\$)	Payee address; City;	State; Zip Co	Code	
	\$40.00	PO Box 79924	, ,		
		Houston, TX 77279			
	PURPOSE	a) Category (See Categories listed at the	e top of this schedule)	(b) Description	
	OF EXPENDITURE	Fees		· -	outside of Texas. Complete Schedule T. , TX, officeholder living expense
				event fee	, 17, onicenduer living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ought	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: 26/30 Rpt: 47/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	09/12/2023	Walker, Krysta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	25242 Dickens Dr.
		Magnolia, TX 77355
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign labor
		Campaign labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Power name
	11/24/2023	Payee name Walker Kniste
		Walker, Krysta
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	25242 Dickens Dr.
		Magnolia, TX 77355
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expenses.
		Check if Austin, TX, officeholder living expense campaign labor
		Campaign labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	12/26/2023	Payee name Walker, Krysta
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	25242 Dickens Dr.
		Magnolia, TX 77355
	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
		staff Christmas gift
		Stati Simotinas gint
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/30 Rpt: 48/53	Hull, Lacey M. (The Honorable)		00084135
4	Date	5 Payee name		<u>'</u>
	12/05/2023	Walmart		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$23.69	10750 Westview Dr		
		Houston, TX 77043		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Christmas card supplies
				Cimolinas sara supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/OI			
-	Date	Payee name		
	12/13/2023	Walmart		
-	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$12.93	2670 Northwest Highway	•	
	¥==.00			
		Cypress, TX 77429		
	PURPOSE		h)	Deparintion
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	IJ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Since Overneda/Nerital Expense		Check if Austin, TX, officeholder living expense
				office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sougl	ht	Office held
	Date	Payee name		
	12/31/2023	Winred		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$179.88	1776 Wilson Blvd.		
		Suite 530		
		Arlington, VA 22219		
	PURPOSE OF	,	b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				transaction fees for reporting period
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Co	mmission Filers)
	Sch: 28/30 Rpt: 49/53	Hull, Lacey M. (The Honorable) 00084135	
4	Date	5 Payee name	
	10/11/2023	Ziki	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$53.94	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 Check if Austin, TX, officeholder living expense	e T.
		meal with staff	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	10/17/2023	Ziki	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.78	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 Schedul	е Т.
		Check if Austin, TX, officeholder living expense meal in Austin	
		inod: in 7 dodin	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	OH .	
_	Date	Payee name	
	10/26/2023	Ziki	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.81	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	е Т.
		Check if Austin, TX, officeholder living expense meal in Austin	
		mod iii / wouli	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
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 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: 29/30 Rpt: 50/53	Hull, Lacey M. (The Honorable) 00084135
4	Date	5 Payee name
	11/01/2023	Ziki
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.52	102 W 3rd 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 with staff
		mod Will oddi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	the state of the s
⊨		
	Date	Payee name
L	11/01/2023	Ziki
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.65	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
		mea war stan
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
H		
	Date	Payee name
	11/14/2023	Ziki
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.65	102 W 3rd St
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		meal in Austin
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/O	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

4	Total pages Schedule F1: Sch: 30/30 Rpt: 51/53 Date	The Instruction Guide explains how to complete this form. 2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4	Sch: 30/30 Rpt: 51/53		
4	<u> </u>	,	0000.200
	Dale	F 5	
	11/30/2023	5 Payee name Ziki	
6			
	Amount (\$) \$23.73	7 Payee address; City; State; Zip Code 102 W 3rd St 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 of	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE |

The Instruction Guide explains how to complete this form.			
	pages Schedule I: 1/2 Rpt:	2 FILER NAME Hull, Lacey M. (The Honorable) 3 Filer ID (Ethics Commission Filers 00084135	
Date 08/2	9/2023	5 Payee name AVDA	
Amo	unt (\$) 150.00	7 Payee Address; City; State; Zip 1001 Texas Ave Houston, TX 77002	
	URPOSE OF ENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description donation	
Date 12/0	5/2023	Payee name CrimeStoppers of Houston	
Amo	unt (\$) 102.56	Payee Address; City; State; Zip 3001 Main St Houston, TX 77002	
	URPOSE OF ENDITURE	(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. NEEDS luncheon donation	
Date 08/2	3/2023	Payee name Greater Houston PAL Foundation	
Amoi	unt (\$) 900.00	Payee Address; City; State; Zip 1200 Travis St. Houston, TX 77002	
	URPOSE OF ENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description donation	
Date 08/2	2/2023	Payee name PTSD Foundation Camp Hope	
Amor	unt (\$) 250.00	Payee Address; City; State; Zip 9724 Derrington Rd Houston, TX 77064	
	URPOSE OF ENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description donation	

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 07/06/2023	5 Payee name Spring Branch Education Foundation	
6	Amount (\$) 330.00	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.) school supply drive donation	
	Date 10/11/2023	Payee name Walmart	
	Amount (\$) 58.33	Payee Address; City; State; Zip 2580 Kuykendahl Rd Tomball, TX 77375	
	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.) candy donation for HPD trunk or treat	