STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

Fuide explains how to complete t	his form	1 Filer ID		2 Total pages fil	ed:
uide explains now to complete ti	ilis ioilli.	00087865	in Filers)	1	9
MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY
	Lacey A.			Date Received	
				ELECTRONICA	ALLY FILED
NICKNAME	I AST		SUFFIX	01/16/2024	
Wichard will			55.		
	,			Date Hand-delivered o	r Date Postmarked
ADDRESS / PO BOX; APT	/ SUITE #; C	CITY; STATE; Z	IP CODE		T Date 1 Councilians
PO Box 270682				Receipt #	Amount
Flower Mound, TX 75028				Date Processed	
				Date Imaged	
				Date mages	
MS / MRS / MR	FIRST			MI	
	Jacquelyn				
NICKNAME	LAST			SUFFIX	
	Stanfield				
STREET ADDRESS (NO PO	BOX PLEASE)); APT / SUITE #;	CITY;	STATE;	ZIP CODE
4905 Stone Court					
Flower Mound, TX 75028					
AREA CODE	PHONE N	NUMBER		EXTENSION	
(817) 403-1337					
January 1E	☐ 20th da	· before convention	/ alastian	— Dunoff	
X January 15	30th day	y before convention	/ election	Runoii	
July 15	8th day	before convention /	election	Final report (A	Attach SC C/OH-FR)
<u> </u>					
1	ear				Day Year
07/01/2023		THROUG	iH	12/3	1/2023
Month Day V		11 05			
Month Day re	ar:				
				X COUNTY CH	IAIR
Republican			COUNTY (If Applica	able)	
			Denton		
	GO	TO PAGE 2			
	MS / MRS / MR NICKNAME ADDRESS / PO BOX; APT PO Box 270682 Flower Mound, TX 75028 MS / MRS / MR NICKNAME STREET ADDRESS (NO PO 4905 Stone Court Flower Mound, TX 75028 AREA CODE (817) 403-1337 X January 15 July 15 Month Day Ye 07/01/2023	ADDRESS / PO BOX; APT / SUITE #; CO PO Box 270682 Flower Mound, TX 75028 MS / MRS / MR FIRST Jacquelyn NICKNAME LAST Stanfield STREET ADDRESS (NO PO BOX PLEASE) 4905 Stone Court Flower Mound, TX 75028 AREA CODE PHONE I (817) 403-1337 X January 15 30th da 1 30th day Month Day Year 07/01/2023 Month Day Year Republican	MS / MRS / MR FIRST Lacey A. NICKNAME LAST Riley ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; Z PO Box 270682 Flower Mound, TX 75028 MS / MRS / MR FIRST Jacquelyn NICKNAME LAST Stanfield STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4905 Stone Court Flower Mound, TX 75028 AREA CODE PHONE NUMBER (817) 403-1337 Month Day Year 07/01/2023 THROUG	MS / MRS / MR	Index explains how to complete this form. Cities Commission Fibrary O0087865

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

2 of 19

13 CANDIDATE NAME	Riley, Lacey A.		14 Filer ID (E 00087865	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)		political expenditures by political committees to supp candidate's knowledge or consent. Candidates are re spenditures.						
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL	GENERAL						
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	S					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,465.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,544.81				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 1,920.19				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFADAVIT								
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.						
		1:	acey A. Riley					
			ature of Candidate					
		· ·						
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me. by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath				

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

			C	JVER S	3 of 19
	ANDIDAT ley, Lac		19 Filer ID 00087865	(Ethics Cor	mmission Filers)
	ME OF	SUBT	OTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,465.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	5,544.81
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/19	
2	FILER NAME Riley, Lacey	А.		3	Filer ID (Ethics Commission 00087865	n Filers)
4	Date 10/16/2023	/2023 Avellano, Deborah 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Corinth, TX 76208				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/16/2023 Axelrod, Jeffrey Contributor address; City; State; Zip Code Frisco, TX 75034			Amount of Contribution (\$)	\$26.03	
	Principal occu Self-employe	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/16/2023	Full name of contributor out-of-state PAC (ID#: Barnett, Marcia Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00
	Principal occu	Carrollton, TX 75007 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/22/2023 Barnett, Marcia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Principal occu	Carrollton, TX 75007 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/15/2023 Barnett, Marcia Contributor address; City; State; Zip Code Carrollton, TX 75007		•	Amount of Contribution (\$)	\$100.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/19	
2	FILER NAME Riley, Lacey	A.			3	Filer ID (Ethics Commission 00087865	ı Filers)
4	Date 09/23/2023			7	Amount of Contribution (\$)	\$100.00	
•	Dringing oggu	Flower Mound, TX 75022		,, 			
8	Software	pation / Job title (See Instructions)	9	Employer (See Instructions Saic			
	Date Full name of contributor out-of-state PAC (ID#:) 10/19/2023 Colton, Renee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$260.25		
	Flower Mound, TX 75022 Principal occupation / Job title (See Instructions) Employer (See Instructions			;)			
	Lactation Co			COD	,		
	Date Full name of contributor out-of-state PAC (ID#:) 09/16/2023 Corbett, Chris Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.10		
		Flower Mound, TX 75028					
	Principal occu Writer	pation / Job title (See Instructions)		Employer (See Instructions Corbett Strategic Comm	•	ications	
	Date Full name of contributor out-of-state PAC (ID#:) 12/07/2023 Fiveash, Sally Contributor address; City; State; Zip Code Carrollton, TX 75507				Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions S Lee Riffe PC	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#:) 12/01/2023 Gadd, Janet Contributor address; City; State; Zip Code The Colony, TX 75056			Amount of Contribution (\$)	\$50.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/19	
2	FILER NAME Riley, Lacey	Α.			3	Filer ID (Ethics Commission 00087865	n Filers)
4	Date 09/16/2023	16/2023 Gilbert, Suzanne 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$104.10	
_		Argyle, TX 76226		_			
8	Principal occuj Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/17/2023 Grau, Missy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00		
	Flower Mound, TX 75028			$\overline{\Gamma}$			
	Business De	pation / Job title (See Instructions) velopment		Employer (See Instructions HCA	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/20/2023 Gravley, Sandra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$156.15		
		Frisco, TX 75036					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 109/16/2023 Hendrickson, Lisa Contributor address; City; State; Zip Code Flower Mound, TX 75028			Amount of Contribution (\$)	\$260.25		
	Principal occup Self-employe	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Hopper, Amanda Contributor address; City; State; Zip Code Decatur, TX 76234			Amount of Contribution (\$)	\$100.00		
	Principal occu Homemaker	oation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONT	SCHEDULE A1				
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/19	
2	FILER NAME Riley, Lacey	A.			3	Filer ID (Ethics Commission 00087865	n Filers)
4	Date 09/16/2023			7	Amount of Contribution (\$)	\$5.21	
_		The Colony, TX 75056		Ĺ			
8	Principal occu Driver	pation / Job title (See Instructions)	9	Employer (See Instructions Uber	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/31/2023 Inge, Peyton Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Argyle , TX 76226 Principal occupation / Job title (See Instructions) Employer (See Instructions			<u> </u>			
	Real Estate UWP II LLC						
	Date Full name of contributor out-of-state PAC (ID#:) 12/02/2023 Jones, Ronnie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Flower Mound, TX 75028					
	Principal occu Technician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/01/2023 Jones, Sharon Contributor address; City; State; Zip Code The Colony , TX 75056		,		Amount of Contribution (\$)	\$25.00	
	Principal occu Business Ow	pation / Job title (See Instructions)		Employer (See Instructions Guardian Pet Sitters	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2023 Lincoln , Achilli Contributor address; City; State; Zip Code Dallas, TX 75287			Amount of Contribution (\$)	\$400.00		
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self-employed	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/19		
2	FILER NAME Riley, Lacey	A.			3	Filer ID (Ethics Commission 00087865	n Filers)	
4	Date 10/16/2023			7	Amount of Contribution (\$)	\$500.00		
_	Delicational	Flower Mound, TX 75028	۱.	Faralas and Constructions	<u></u>			
8	Business Ow	pation / Job title (See Instructions) vner	9	Employer (See Instructions DFW Adventure Park	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/16/2023 Mary, Reagan Contributor address; City; State; Zip Code Flower Mound, TX 75022			Amount of Contribution (\$)	\$260.25			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u> </u> 5)				
	Sales SRP Companies							
	Date Full name of contributor out-of-state PAC (ID#:) 08/14/2023 Riley, Lacey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$522.16			
		Flower Mound, TX 75028						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Lacey A Riley CPA PC	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/17/2023 Riley, Lacey Contributor address; City; State; Zip Code Flower Mound, TX 75028			Amount of Contribution (\$)	\$100.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Lacey A Riley CPA PC	<u> </u>			
	Date Full name of contributor out-of-state PAC (ID#:) 08/24/2023 Riley, Lacey Contributor address; City; State; Zip Code Flower Mound, TX 75028			Amount of Contribution (\$)	\$43.28			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Lacey A Riley CPA PC	5)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/19			
2	FILER NAME Riley, Lacey	Δ			3	Filer ID (Ethics Commission 00087865	on Filers)		
4	Date 09/16/2023	Full name of contributor Riley, LaceyContributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,084.12		
		Flower Mound, TX 75028							
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)				
	CPA			Lacey A Riley CPA PC					
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2023 Ruthrauff, Brad Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00				
	Flower Mound, TX 75028								
	Principal occupation / Job title (See Instructions) Sales Employer (See Instruction)					
	Date Full name of contributor out-of-state PAC (ID#:) 11/08/2023 Scheetz, Kristin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00				
		Flower Mound, TX 75028							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
	Consultant			Self-employed					
Date Full name of contributor out-of-state PAC (ID#: 12/01/2023 Schild, Krista Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00				
	Dringing agou	Royse City, TX 75189		Employer (Cae Instructions					
	Business Ov	pation / Job title (See Instructions) ner		Employer (See Instructions Self-employed)				
	Date Full name of contributor out-of-state PAC (ID#:) 11/01/2023 Shinedling, Tami Contributor address; City; State; Zip Code Flower Mound, TX 75022			Amount of Contribution (\$)	\$100.00				
	Principal occu Business Ov	pation / Job title (See Instructions) /ner		Employer (See Instructions Self-employed)				

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains hov	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/19		
2	FILER NAME Riley, Lacey	A.				3	Filer ID (Ethics Commission 00087865	on Filers)	
4	Date 10/16/2023	O23 Small Cash Donations, 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$150.00			
8	Principal occur	TX pation / Job title (See Instruction:	5)	9	Employer (See Instructions	7			
	i illicipai occu	pation / Job title (See Instruction)	2)		Employer (See manuellons	')			
	Date 08/18/2023	Full name of contributor Stanfield, Jacquelyn Contributor address; City; S					Amount of Contribution (\$)	\$1,000.00	
	Principal occur	Flower Mound, TX 75028 pation / Job title (See Instructions			Employer (See Instructions	<u>.</u>			
	Retired				,				
	Date Full name of contributor out-of-state PAC (ID#:) 09/06/2023 Truong, Don Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00				
		Flower Mound, TX 75028							
	Principal occu Business Ow	pation / Job title (See Instruction: ner	5)		Employer (See Instructions Bliss Nail Salon	5)			
Date O9/17/2023 Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code Frisco, TX 75036)		Amount of Contribution (\$)	\$104.10				
	Principal occu Professional	pation / Job title (See Instructions Organizer	s)		Employer (See Instructions Self-employed)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/22/2023 Waye, Dawn Contributor address; City; State; Zip Code Krugerville, TX 76227			Amount of Contribution (\$)	\$100.00				
	Principal occu Real Estate	pation / Job title (See Instructions	5)		Employer (See Instructions Edison Equity	i)			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
Sch: 1/9 Rpt: 11/19	Riley, Lacey A.		00087865	
4 Date	5 Payee name			
08/24/2023	Amazon			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$43.28				
	TX			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Event Expense		outside of Texas. Complete Schedule T.	
EXPENDITURE	· ·		, TX, officeholder living expense	
		Campaign Kid	ckoff	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held	
	· · · · · · · · · · · · · · · · · · ·			
Date	Payee name			
09/05/2023	Amazon			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$217.48				
	TX			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense		outside of Texas. Complete Schedule T.	
		Campaign Kid	, TX, officeholder living expense	
		Campaign Ni	CKOII	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held	
expenditure to benefit C/O		agric	Office field	
Data	T _			
Date 09/11/2023	Payee name			
	Amazon			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$85.47				
	TX			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Event Expense	l <u> </u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		Campaign Kid		
Complete ONLY if direct	Candidate/Officeholder name Office sou	l Jaht	Office held	
expenditure to benefit C/O		· 3 ·		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/9 Rpt: 12/19	Riley, Lacey A. 00087865
4	Date	5 Payee name
	11/15/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$113.65	
l		
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Campaign Supplies
		Check if Austin, TX, officeholder living expense Sign Stands
		Sign Stands
9	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
ľ	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨	Data	
l	Date	Payee name
L	09/11/2023	Deluxe Business Systems
l	Amount (\$)	Payee address; City; State; Zip Code
	\$102.55	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Check Printing
		Check t many
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	· ·
⊨	Date	Payee name
	10/16/2023	Denton County Conservative Coalition
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$510.00	Payee address; City; State; Zip Code
	Φ310.00	
l		TV
		TX
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Political Event
1		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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	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: 3/9 Rpt: 13/19	Riley, Lacey A. 00087865
4	Date	5 Payee name
	09/05/2023	EventBrite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.99	
		тх
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Kickoff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	10/31/2023	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.10	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Communications Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Microsoft Email
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	08/14/2023	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.16	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Website Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense Domain name
		Domain name
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 4/9 Rpt: 14/19	Riley, Lacey A.	00087865	
4	Date	5 Payee name		
	10/10/2023	Kohls		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$129.85			
		тх		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Campaign Supplies Check if trave	l outside of Texas. Complete Schedule T.	
	LXI LINDITORE		n, TX, officeholder living expense	
		Campaign S	supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
9	expenditure to benefit C/OI		Office field	
-	Data			
	Date 10/05/2023	Payee name MailChimp		
		MailChimp		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$13.86			
		TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Communications Expense	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	., ., .,	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	H		
	Date	Payee name		
	11/16/2023	MailChimp		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$13.86			
		тх		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE		l outside of Texas. Complete Schedule T.	
	EXPENDITURE	I — I — I — I	n, TX, officeholder living expense	
		Email		
L	Complete ONII V if direct	Condidate/Officeholder name	Office hold	
	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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

l	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: 5/9 Rpt: 15/19	Riley, Lacey A. 00087865	
4	Date	5 Payee name	_
	12/05/2023	MailChimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$13.86		
l			
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Communications Expense	
		Check if Austin, TX, officeholder living expense Email	
		Linai	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
H	Date	Payee name	_
l	11/01/2023	NationBuilder	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$179.00	rayee address, City, State, Zip Code	
	Ψ173.00		
		TX	
L	DUDD005		_
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Campaign Management Software (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Campaign Management Software Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Management Software	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	7	
	Date	Payee name	
	12/01/2023	NationBuilder	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$179.00		
l			
		TX	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Campaign Management Software	
l		☐ Check if Austin, TX, officeholder living expense Campaign Management Software	
		Campaign Management Soltware	
\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 -Event Expense Fees

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 6/9 Rpt: 16/19	Riley, Lacey A. 00087865
4	Date	5 Payee name
	11/27/2023	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$126.18	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Campaign Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Print Cartridges and Sticker Paper
		Fillit Cartiluges and Sticker Paper
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name Office Denet
L	12/07/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.64	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Campaign Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/02/2023	Office Depot
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$43.30	
		тх
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Campaign Supplies Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	o
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/9 Rpt: 17/19	Riley, Lacey A.		00087865
4	Date	5 Payee name		<u>'</u>
	08/14/2023	Rodgers, Brett		
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip C	ode	
Ļ	DUDDOCE		145	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consultant
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	12/31/2023	Stripe		
	Amount (\$) \$128.37	Payee address; City; State; Zip C	ode	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	09/16/2023	Tom Thumb		
	Amount (\$) \$551.20	Payee address; City; State; Zip C	ode	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Kickoff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 18/19	Riley, Lacey A.	00087865
4	Date	5 Payee name	
	12/04/2023	Tom Thumb	
6	Amount (\$) \$23.65	7 Payee address; City; State; Zip Code TX	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/16/2023	Total Wine and More	
	Amount (\$) \$532.92	Payee address; City; State; Zip Code	
		TX	
	PURPOSE OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense CKOff
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 10/12/2023	Payee name VistaPrint	
	Amount (\$) \$957.41	Payee address; City; State; Zip Code	
		TX	
	PURPOSE OF EXPENDITURE	1 finding Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

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

	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: 9/9 Rpt: 19/19	Riley, Lacey A. 00087865	
4	Date	5 Payee name	
	10/12/2023	VistaPrint	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$132.48		
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Banner, table runner and pens	
		Barmer, table famile and pens	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash	Date	Power name	
	11/16/2023	Payee name VistaPrint	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$667.55		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Signs	
		- Signo	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		
H	Date	Payee name	
	09/08/2023	Wakin, Jackie	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	Tayee address, Oity, State, 21p code	
	Ψ150.00		
		TX	
	DUDD 0.0-		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Wise County Conservatives Even	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		