

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00084135	<b>2</b> Total pages filed: 49					
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Lacey M.	MI	<b>OFFICE USE ONLY</b>				
	NICKNAME	LAST Hull	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 02/26/2024			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 19231  Houston, TX 77224			Date Hand-delivered or Date Postmarked				
				Receipt #      Amount				
				Date Processed				
				Date Imaged				
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Elizabeth	MI					
	NICKNAME Buffie	LAST Ingersoll	SUFFIX					
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9 Rollingwood Dr  Houston, TX 77080							
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(713)	446-6426						
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)							
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	
	01	26	2024		02	24	2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 03/05/2024			ELECTION TYPE				
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other		<input type="checkbox"/> General
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 138						<b>12</b> OFFICE SOUGHT (if known) State Representative District 138	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13 C / OH NAME** Hull, Lacey M. (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00084135

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input checked="" type="checkbox"/> GENERAL	Texas Now PAC
<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b>
	PO Box 341027
	Austin, TX 78734
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	Rusing, Shannon
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
	PO Box 341027
	Austin, TX 78734

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 415,183.84
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 389.34
	4. TOTAL POLITICAL EXPENDITURES	\$ 311,094.10
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 231,830.64
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Lacey M. Hull  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering      Printed name of officer administering      Title of officer administering oath

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
ADDENDUM

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C / OH NAME	Hull, Lacey M. (The Honorable)	Filer ID	(Ethics Commission Filers)
		00084135	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	Secure Our Border Now PAC	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		PO Box 341016	
		Austin, TX 78734	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Stewart, Kevin		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	807 Brazos		
	Ste 401		
	Austin, TX 78701		

NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	TREPAC	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		1115 San Jacinto Blvd	
		Ste 200	
	Austin, TX 78701		
	COMMITTEE CAMPAIGN TREASURER NAME		
	Cantu, Leslie		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	PO Box 2246		
	Austin, TX 78768		

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
ADDENDUM

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C / OH NAME	Hull, Lacey M. (The Honorable)	Filer ID	(Ethics Commission Filers)
		00084135	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Texas Alliance for Life PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		8000 Centre Park Drive Ste 380 Austin, TX 78754
	COMMITTEE CAMPAIGN TREASURER NAME	Shaw, James
	COMMITTEE CAMPAIGN TREASURER ADDRESS	4505 Corazon Cove  Round Rock, TX 78681

**SUBTOTALS - C/OH****FORM C/OH  
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<b>18 FILER NAME</b> Hull, Lacey M. (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00084135
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 326,403.66
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 88,780.18
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 10,000.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 306,535.94
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5,467.67
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/22 Rpt: 6/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) AT&T Texas PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 1738271 ) Abbott Laboratories Employee Political Action Committee <hr/> Contributor address; City; State; Zip Code  Abbott Park, IL 60064	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Kent <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Wilson Elser
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen Boone Humphries Robinson LLP <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) American Pharmacy, Inc, GPAC <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/22 Rpt: 7/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/21/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>1695961</u> ) American Property Casualty Insurance Association PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60631-3512	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BNSF Rail PAC <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76161	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beer Alliance of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bresnen, Amy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 02/21/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00384818</u> ) CVS Health PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20004	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/22 Rpt: 8/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cammack & Strong, P.C.	<b>7</b> Amount of Contribution (\$) \$300.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriage House Partners	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casselberry, Craig	Amount of Contribution (\$) \$104.10
Contributor address; City; State; Zip Code  Austin, TX 78730		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Quorum Public Affairs, Inc.
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevron Employees PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  San Ramon, CA 94583		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 1688601) Cigna Corp Employee PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Philidelphia, PA 19192		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/22 Rpt: 9/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/23/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 1688601 ) Cigna Corp Employee PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Philidelphia, PA 19192	<b>7</b> Amount of Contribution (\$)  \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Matthew <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77443	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) managing principal		Employer (See Instructions) Arete Public Affairs
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Consulting Engineers Political Action Committee, Inc. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cy-Fair Profesional Fire Fighters PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dade Phelan Campaign <hr/> Contributor address; City; State; Zip Code  Austin, TX 78763	Amount of Contribution (\$)  \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/22 Rpt: 10/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dade Phelan Campaign <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78763	<b>7</b> Amount of Contribution (\$)  \$100,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delisi Communications PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dinkins, Carol <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eastland, Seaborn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Epstein, Aubrey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 6/22 Rpt: 11/49
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Faust, Tena	7 Amount of Contribution (\$)  \$260.25
	6 Contributor address; City; State; Zip Code  Houston, TX 77027	
8 Principal occupation / Job title (See Instructions) co-president		9 Employer (See Instructions) Houston PetSet
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fertitta, Tilman	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77027	
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frels, Kelly	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77056	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Funds Available for Involved Reporters	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Athens, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00199257 ) GenenPAC	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  So. San Fransisco, CA 94080	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/22 Rpt: 12/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Gary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056	<b>7</b> Amount of Contribution (\$)  \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions) unknown		<b>9</b> Employer (See Instructions) unknown
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOSPAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HS Law PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holsenbeck, Howard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Home PAC of Texas - Texas Association of Builders <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/22 Rpt: 13/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Home PAC- Greater Houston Builders Association <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77064	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Home PAC- Greater Houston Builders Association <hr/> Contributor address; City; State; Zip Code  Houston, TX 77064	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Apartment Association PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Associated General Contractors PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77092	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffman, Mary Nan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) HPOU

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/22 Rpt: 14/49
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunsaker, Hugh Scott	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77055	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutcheson, Ethel	Amount of Contribution (\$) \$520.51
	Contributor address; City; State; Zip Code  Houston, TX 77019	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) INDEPAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78750	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson Walker LLP Political Action Committee	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James B. Frank Campaign Fund	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/22 Rpt: 15/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) K&L Gates LLP Committee for Good Government <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>1332546</u> ) KOCHPAC <hr/> Contributor address; City; State; Zip Code  Wichita, KS 67220	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kasseb, Osama <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) pharmacist		Employer (See Instructions) Pharmacy Management Services
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAW-PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00458158</u> ) LKQ Corporation Employee Good Government Fund <hr/> Contributor address; City; State; Zip Code  Washington, DC 20003	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/22 Rpt: 16/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laham, Yousseff <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) unknown		<b>9</b> Employer (See Instructions) unknown
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lanagan, Lindsey <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Legacy CommunityHealth
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Landrum, Michael <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewallen, David <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lloyd Gosselank Rochelle & Townsend, PC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/22 Rpt: 17/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lundquist, Tama <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	<b>7</b> Amount of Contribution (\$)  \$260.25
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mellen, Frank <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mike Toomey & Associates <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moak Casey LLP <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morin, Thomas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/22 Rpt: 18/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouton, Amy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040	<b>7</b> Amount of Contribution (\$)  \$52.05
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norton, Jo Betsy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Texas Mutual
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owens, Randy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Wright Close Barger, LLP
Date 02/07/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 00085811 ) Penn Entertainment Inc Texas Political Action Committee <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perdue, Brandon, Fielder, Collins & Mott, LLP <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79408	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/22 Rpt: 19/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitts, John R.	<b>7</b> Amount of Contribution (\$)  \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 77019	
<b>8</b> Principal occupation / Job title (See Instructions) consultant		<b>9</b> Employer (See Instructions) self
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Political Action Committee of the Independent Insurance Agents of Texas	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78738	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raba-Kistner PAC, Inc.	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78269	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothfelder & Falick, LLP	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77008	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rumney, Tom	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77040	
Principal occupation / Job title (See Instructions) estimator		Employer (See Instructions) TC Const

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/22 Rpt: 20/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rumney, Tom <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) estimator		<b>9</b> Employer (See Instructions) TC Const
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sablatura, Gary <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) self
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelby Slawson Campaign <hr/> Contributor address; City; State; Zip Code  Stephenville, TX 76401	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shoop, Brandi <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Hairstylist		Employer (See Instructions) self
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Sam <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/22 Rpt: 21/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TALHI Life Insurance PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78767	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEXPAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TMPA PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78752	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TREPAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TREPAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/22 Rpt: 22/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tex-Pipe Pac ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Academy of Family Physicians PAC ..... Contributor address; City; State; Zip Code  Austin, TX 78727	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Apartment Association PAC ..... Contributor address; City; State; Zip Code  Austin, TX 78701-1951	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Association of Health Plans PAC ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Automobile Dealers Association Political Action Committee ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/22 Rpt: 23/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Consumer Lenders PAC	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Greenville, SC 29815		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Dental Association PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Farm Bureau AgFund Inc	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Waco, TX 76702		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Food and Fuel Association PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Homecare & Hospice PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/22 Rpt: 24/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas House Republican Caucus PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737	<b>7</b> Amount of Contribution (\$)  \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Leads PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78767	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Leads PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78767	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Optometric PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78705	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Retailers Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/22 Rpt: 25/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Sands PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$4,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Sands PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$50,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Sands PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trucking Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78762	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00284885 ) The Home Depot Inc. Political Action Committee <hr/> Contributor address; City; State; Zip Code  Washington, DC 20004	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/22 Rpt: 26/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Brad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77252	<b>7</b> Amount of Contribution (\$)  \$2,602.54
<b>8</b> Principal occupation / Job title (See Instructions) executive		<b>9</b> Employer (See Instructions) Mustang Machinery Company
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) US Anesthesia Partners - Texas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) UnitedHealth Group PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77724	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valero Political Action Committee <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78269	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Jr., Frederic C. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/22 Rpt: 27/49
<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wholesale Beer Distributors of Texas PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Thomas <hr/> Contributor address; City; State; Zip Code  Navasota, TX 77868	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/5 Rpt: 28/49	
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/23/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dade Phelan Campaign	8 Amount of contribution (\$) \$6,750.00	9 In-kind contribution description polling
	7 Contributor address; City; State; Zip Code  Austin, TX 78763		
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$11,200.56	In-kind contribution description polling
	Contributor address; City; State; Zip Code  Austin, TX 78767		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$3,704.00	In-kind contribution description canvassing
	Contributor address; City; State; Zip Code  Austin, TX 78767		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/5 Rpt: 29/49	
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/31/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$212.26	9 In-kind contribution description texting
	7 Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$7,058.00	In-kind contribution description canvassing
	Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$1,433.58	In-kind contribution description texting
	Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 3/5 Rpt: 30/49	
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$39,417.70	9 In-kind contribution description digital
	7 Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$6,993.00	In-kind contribution description canvassing
	Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of contribution (\$) \$7,000.39	In-kind contribution description direct mail
	Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 4/5 Rpt: 31/49	
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/09/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	8 Amount of contribution (\$) \$2,960.63	9 In-kind contribution description digital and social media advertising
	7 Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of contribution (\$) \$1,841.40	In-kind contribution description text messages
	Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of contribution (\$) \$202.91	In-kind contribution description voter phone data reconciliation
	Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 5/5 Rpt: 32/49	
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/13/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bureau AgFund Inc	8 Amount of contribution (\$) \$5.75	9 In-kind contribution description website endorsement
	7 Contributor address; City; State; Zip Code  Waco, TX 76702	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 33/49

2 FILER NAME  
Hull, Lacey M. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00084135

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date  
  
02/22/2024

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
C Club

7 Pledgor Address; City; State; Zip Code

Houston, TX 77257

8 Amount of  
pledge (\$)  
  
\$10,000.00

9 In-kind description  
(If applicable)

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 1/9 Rpt: 34/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084135
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<b>4</b> Date 01/31/2024	<b>5</b> Payee name Bank Of Texas
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<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 13230 W Little York Rd  Houston, TX 77041
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wire transfer fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2024	Payee name Bank Of Texas
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 13230 W Little York Rd  Houston, TX 77041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wire transfer fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2024	Payee name Bank Of Texas
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Amount (\$) \$30.00	Payee address; City; State; Zip Code 13230 W Little York Rd  Houston, TX 77041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wire transfer fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 2/9 Rpt: 35/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084135
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<b>4</b> Date 02/21/2024	<b>5</b> Payee name Bank Of Texas
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<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code 13230 W Little York Rd  Houston, TX 77041
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wire transfer fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2024	Payee name Berry Communications
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Amount (\$) \$22,500.00	Payee address; City; State; Zip Code 1005 Congress Ste 460 Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name Berry Communications
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Amount (\$) \$24,000.00	Payee address; City; State; Zip Code 1005 Congress Ste 460 Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 3/9 Rpt: 36/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084135
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<b>4</b> Date 01/30/2024	<b>5</b> Payee name Campaign Advocacy Management Professionals, LLC
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<b>6</b> Amount (\$) \$11,325.30	<b>7</b> Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense direct mail
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Campaign Advocacy Management Professionals, LLC
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Amount (\$) \$850.00	Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Campaign Advocacy Management Professionals, LLC
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Amount (\$) \$11,325.30	Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense direct mail
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 4/9 Rpt: 37/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084135
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<b>4</b> Date 02/14/2024	<b>5</b> Payee name Campaign Advocacy Management Professionals, LLC
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<b>6</b> Amount (\$) \$11,325.30	<b>7</b> Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense direct mail
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2024	Payee name Campaign Advocacy Management Professionals, LLC
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Amount (\$) \$11,325.30	Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense direct mail
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2024	Payee name Chase
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Amount (\$) \$4,591.07	Payee address; City; State; Zip Code 270 Park Avenue  New York, NY 10017
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 5/9 Rpt: 38/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084135
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<b>4</b> Date 02/16/2024	<b>5</b> Payee name Chase
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<b>6</b> Amount (\$) \$1,678.49	<b>7</b> Payee address; City; State; Zip Code 270 Park Avenue  New York, NY 10017
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/13/2024	Payee name Cy-Fair Educational Foundation
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Amount (\$) \$662.50	Payee address; City; State; Zip Code PO Box 1698  Houston, TX 77410
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation and program ad
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2024	Payee name Cy-Fair Republican Women
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 10750 Barker Cypress Road Ste 104 #153 Houston, TX 77443
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 6/9 Rpt: 39/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> Date 02/12/2024	<b>5</b> Payee name Hartman, Vivecca	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 1326 Spillers Lane  Houston, TX 77043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense partial donation reimbursement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Hill Country Springs	
Amount (\$) \$10.83	Payee address; City; State; Zip Code 10019 S Interstate 35  Austin, TX 78747	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water delivery
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2024	Payee name McKinley, Curtis	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 12755 Mill Ridge Dr.  Cypress, TX 77249	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign labor - signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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.

<b>1</b>	Total pages Schedule F1: Sch: 7/9 Rpt: 40/49	<b>2</b>	FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00084135
<b>4</b>	Date 02/23/2024	<b>5</b>	Payee name McKinley, Curtis		
<b>6</b>	Amount (\$) \$250.00	<b>7</b>	Payee address; City; State; Zip Code 12755 Mill Ridge Dr.  Cypress, TX 77249		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign labor - signs		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/22/2024		Payee name Ragnar Research Partners		
	Amount (\$) \$13,500.00		Payee address; City; State; Zip Code 1005 Congress Ave Ste 460 Austin, TX 78701		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense survey research		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/01/2024		Payee name Rivera, Sonia		
	Amount (\$) \$4,500.00		Payee address; City; State; Zip Code 2419 Detering St.  Houston, TX 77007		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign labor		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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.

<b>1</b>	Total pages Schedule F1: Sch: 8/9 Rpt: 41/49	<b>2</b>	FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00084135
<b>4</b>	Date 02/16/2024	<b>5</b>	Payee name Strategic Media Placement, Inc.		
<b>6</b>	Amount (\$) \$113,000.00	<b>7</b>	Payee address; City; State; Zip Code 7669 Stagers Loop  Delaware, OH 46015		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ads		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/01/2024		Payee name Texas Conservative Review		
	Amount (\$) \$10,000.00		Payee address; City; State; Zip Code 1533 W Alabama St.  Houston, TX 77006		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ad		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/01/2024		Payee name The What's Up Radio Show		
	Amount (\$) \$15,000.00		Payee address; City; State; Zip Code 10924 Grant Rd  Houston, TX 77070		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ad		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/9 Rpt: 42/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084135
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<b>4</b> Date 02/21/2024	<b>5</b> Payee name Verraton Media LLC
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<b>6</b> Amount (\$) \$50,000.00	<b>7</b> Payee address; City; State; Zip Code 1801 Red Bud Ln  Round Rock, TX 78664
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital ads
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/24/2024	Payee name Winred
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Amount (\$) \$281.85	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees during reporting period
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/7 Rpt: 43/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Chase Bank	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 389.34
<b>6</b> PAYMENT	(a) Amount Charged \$345.00	(b) Date of Charge 02/14/2024
<b>7</b> PAYEE	(a) Payee name St. Mark Lutheran School	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description fundraiser donation
	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b>	(a) Amount Charged \$200.00	(b) Date of Charge 01/28/2024
<b>PAYEE</b>	(a) Payee name Meal Train LLC	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Payee address;                      City,                      State,                      Zip Code 50 Lakeside Ave Burlington, VT 05401
	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b>	(a) Amount Charged \$909.30	(b) Date of Charge 02/21/2024
<b>PAYEE</b>	(a) Payee name Senate Avenue Brewing	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Payee address;                      City,                      State,                      Zip Code 16000 Dillard Dr. Jersey Village, TX 77040
	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 2/7 Rpt: 44/49	<b>2</b>	FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00084135
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 389.34
<b>6</b>	PAYMENT	(a) Amount Charged \$31.25	(b) Date of Charge 02/16/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Magic Circle Republican Women		(b) Payee address; City, State, Zip Code 6711 Belmont St.  Houston, TX 77055	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description membership dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$754.85	(b) Date of Charge 01/30/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Alphagraphics		(b) Payee address; City, State, Zip Code 7051 Portwest Dr.  Houston, TX 77024	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description stickers	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$288.15	(b) Date of Charge 01/31/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Brenner's		(b) Payee address; City, State, Zip Code 10911 Katy Freeway  Houston, TX 77079	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description meal with staff	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 3/7 Rpt: 45/49	<b>2</b>	FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00084135
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 389.34
<b>6</b>	PAYMENT	(a) Amount Charged \$50.77	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name SquareSpace Inc		(b) Payee address; City, State, Zip Code 225 Varick St. New York, NY 10014	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description web services	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$87.00	(b) Date of Charge 02/06/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Storage Depot		(b) Payee address; City, State, Zip Code 9021A Ruland Rd. Houston, TX 77055	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description storage unit	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 02/09/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name United Republicans of Harris		(b) Payee address; City, State, Zip Code P.O. Box 130923 Houston, TX 77219	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 4/7 Rpt: 46/49	<b>2</b>	FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00084135
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 389.34
<b>6</b>	PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 01/28/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Kingwood Tea Party		(b) Payee address; City, State, Zip Code PO Box 6572 Kingwood, TX 77325	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$143.58	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Jason's Deli		(b) Payee address; City, State, Zip Code 10321 Katy Fwy Houston, TX 77024	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political Food/Beverage Expense		(b) Description district office meeting meal	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$21.85	(b) Date of Charge 02/02/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 677 Ponce de Leon Ave NE Atlanta, GA 30308	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Advertising Expense		(b) Description newsletter service	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 5/7 Rpt: 47/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 389.34
<b>6</b> PAYMENT	(a) Amount Charged \$63.96	(b) Date of Charge 02/06/2024
<b>7</b> PAYEE	(a) Payee name Mailchimp	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description newsletter service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
<b>6</b> PAYMENT	(a) Amount Charged \$88.73	(b) Date of Charge 02/07/2024
<b>7</b> PAYEE	(a) Payee name 1-800 Flowers	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description hostess thank you gift
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
<b>6</b> PAYMENT	(a) Amount Charged \$562.20	(b) Date of Charge 02/09/2024
<b>7</b> PAYEE	(a) Payee name Marriot	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description lodging in Austin
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 6/7 Rpt: 48/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 389.34
<b>6</b> PAYMENT	(a) Amount Charged \$454.11	(b) Date of Charge 02/10/2024
<b>7</b> PAYEE	(a) Payee name Rush Order Tees	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description t-shirts
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
<b>6</b> PAYMENT	(a) Amount Charged \$65.00	(b) Date of Charge 02/16/2024
<b>7</b> PAYEE	(a) Payee name Village Republican Women	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description membership dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
<b>6</b> PAYMENT	(a) Amount Charged \$66.76	(b) Date of Charge 02/21/2024
<b>7</b> PAYEE	(a) Payee name Houston Sign Company	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 7/7 Rpt: 49/49	<b>2</b> FILER NAME Hull, Lacey M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084135
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 389.34
<b>6</b> PAYMENT	(a) Amount Charged \$24.89	(b) Date of Charge 02/17/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Taco Cabana	(b) Payee address; City, State, Zip Code 11441 Katy Freeway Houston, TX 77079	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description blockwalkers meal	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held