# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

# FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction C	Guide explains how to complete t	his form	1 Filer ID	Fil)	2 Total pages fil	ed:			
The SS S/S/T ms.rus.rus.ru	value explains now to complete t		(Ethics Commission 00087865	on Filers)	13				
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE (	JSE ONLY			
NAME		Lacey A.			Date Received				
					ELECTRONICA	ALLY FILED			
	NICKNAME	LAST		SUFFIX	 02/26/2024				
	TWO KIN IWIE	Riley		301117					
ļ					Date Hand-delivered or	r Date Postmarked			
4 CANDIDATE	ADDRESS / PO BOX; APT	/ SUITE #; C	ITY; STATE; 2	ZIP CODE	- Date Hand-delivered of	- Date i Ostillarkeu			
ADDRESS	PO Box 270682				Receipt #	Amount			
ļ									
Change of Address	Flower Mound, TX 75028				Date Processed	•			
Change of Address					<u></u>				
					Date Imaged	Date imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST			MI				
TREASURER		Jacquelyn							
NAME									
	NICKNAME	LAST			SUFFIX				
		Stanfield							
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE)	: APT / SUITE #;	; CITY;	STATE;	ZIP CODE			
TREASURER ADDRESS	4905 Stone Court	,	,		•				
(Residence or Business)	Flower Mound, TX 75028								
<b>7</b> CAMPAIGN	AREA CODE	PHONE N	 NUMBER	_	EXTENSION				
TREASURER PHONE	(817) 403-1337								
PHONE									
8 REPORT TYPE									
8 REPORTIFE	January 15	30th day	y before convention	n / election	Runoff				
		Oth day	hefore convention	/ clastion	☐ Final report (/	\#aah SC C/OU ED)			
	July 15	X 8th day	before convention /	/ election	Final report (#	Attach SC C/OH-FR)			
9 PERIOD	Month Day Ye	ear			Month [	Day Year			
COVERED	01/26/2024	Jai	THROUG	GH		24/2024			
					-	·· = -			
10 CONVENTION /	Month Day Ye	ear		FFICE	STATE CHAI	  R			
ELECTION DATE			S	OUGHT	X COUNTY CH				
12 POLITICAL PARTY	Republican			COUNTY (If Applica	able)				
				Denton					
		GO	TO PAGE 2						

#### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

# FORM SC C/OH COVER SHEET PG 2

2 of 13

13 CANDIDATE NAME	Riley, Lacey A.		<b>14</b> Filer ID (00087865	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)		olitical expenditures by political committees andidate's knowledge or consent. Candidate penditures.								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
LJ °	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER AI	DDRESS							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	<b>\$</b> 2,733.53						
EXPENDITURE TOTALS										
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 5,879.38						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	<b>\$</b> 2,568.82						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00						
<b>17</b> AFFADAVIT			penalty of perjury, that the acc ludes all information required to Code.							
			Lacey A. Riley	_						
			Signature of Candidate							
AFFIX NO	TARY STAMP / SEAL ABO	OVE								
Sworn to and subso	cribed before me, by the s	aid	, this the	day						
of	, 20, to ce	rtify which, witness my hand and seal of offi	ce.							
Signature of office	cer administering oath	Printed name of officer administering of	path Title of officer	administering oath						

# **SUBTOTALS - SC C/OH**

# FORM SC C/OH COVER SHEET PG 3

3 of 13

					3 01 13
<b>18</b> CA	NDIDAT	E NAME	19 Filer ID	(Ethics Commission Filers)	
Ril	ey, Lac	ey A.	00087865		
		SUBTOTALS		SL	IBTOTAL AMOUNT
NA	ME OF	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,005.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,728.53	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	3,342.54	
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	2,536.84
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	\$		
				•	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/13	
2	FILER NAME Riley, Lacey	А.		3	Filer ID (Ethics Commission 00087865	n Filers)
4	Date 01/26/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
		Carrollton, TX 75007				
8	Principal occu <sub>l</sub> Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 01/28/2024	Full name of contributor out-of-state PAC (ID#:_ Connell, Kathy  Contributor address; City; State; Zip Code	•	Amount of Contribution (\$)	\$50.00	
	Principal occur	Carrollton, TX 75007 pation / Job title (See Instructions)	Employer (See Instructions	5) 		
	N/A	oalion / Job title (See matrictions)	N/A	>)		
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID#:_ Corbett, Chris Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$50.00
		Flower Mound, TX 75028				
	Principal occu Writer	pation / Job title (See Instructions)	Employer (See Instructions Corbett Strategic Comm	•	ications	
Date 02/24/2024		Full name of contributor out-of-state PAC (ID#:_ Hudson, Angela  Contributor address; City; State; Zip Code  The Colony, TX 75056		Amount of Contribution (\$)	\$35.00	
	Principal occup Administrator	pation / Job title (See Instructions)	Employer (See Instructions DCRP	<u> </u> s)		
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID#:_Lipscomb, Larry  Contributor address; City; State; Zip Code  Flower Mound, TX 75028			Amount of Contribution (\$)	\$60.00
	Principal occup Business Ow	pation / Job title (See Instructions) yner	Employer (See Instructions DFW Adventure Park	5)		
			l			

	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/13	
2	FILER NAME Riley, Lacey	A.			3	Filer ID (Ethics Commission 00087865	n Filers)
4	Date 02/24/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Argyle, TX 76226 pation / Job title (See Instructions)	l <sub>o</sub>	Employer (See Instructions	;) 		
0	Business Ov			The Tribe Maker	P)		
	Date 02/21/2024	Full name of contributor out-of-state PA Parkinson, Cheryl  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Flower Mound, TX 75022	<u> </u>	Francisco (Coo Instructions	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 02/16/2024			)	•	Amount of Contribution (\$)	\$25.00
		Frisco, TX 75036					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Liberty Mutual	5)		
	Date 02/23/2024	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$35.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/24/2024 Wilson, Benjamin  Contributor address; City; State; Zip Code  Flower Mound, TX 75028					Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
			•				

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/13 FILER NAME 3 Filer ID (Ethics Commission Filers) Riley, Lacey A. 00087865 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/10/2024 **Denton County Conservative Coalition** \$188.95 Pushcards 7 Contributor address; City; State; Zip Code Argyle, TX 76226 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) 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 Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 02/24/2024 Vesterman, Bill \$1,539.58 Fundraising Event Contributor address; City; State; Zip Code Lantana, TX 76226 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) **Business Owner** Montessori Country Day School 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)

### SCHEDULE F1

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

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/6 Rpt: 7/13	Riley, Lacey A.	00087865
4	Date	5 Payee name	
	02/22/2024	Academy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$97.40	3621 Justin Rd	
		Flower Mound, TX 75028	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Campaign S	upplies
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	·		
	Date	Payee name	
	02/20/2024	Academy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$428.52	3621 Justin Rd	
		Flower Mound, TX 75028	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
		Campaign S	n, TX, officeholder living expense
		Campaigne	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	01/31/2024	Amazon	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$216.40	410 Terry Ave N	
	<del>+</del> 0.10		
		Seattle, WA 98109	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	n, TX, officeholder living expense
		Sign Stakes	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/OI	1	

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Food/Beverag Gift/Awards/M Legal Services The Instruc	emorials Expe			pens ages			Travel in District Travel Out of Dis OTHER (enter a			
1	Total pages Schedule F1: Sch: 2/6 Rpt: 8/13	l	FILER NAME Riley, Lace							3	Filer ID 00087865	(Ethics Commission Filers)		
1	Date	┝	Payee name											
7	02/05/2024	l	Amazon											
6	Amount (\$)	7	Payee addre	ss; City	<i>r</i> ;	State;	Zip Co	de						
	\$106.07		410 Terry A				·							
			Coottle W/	00100										
8	PURPOSE	├	Seattle, WA					(h)	Description					
ľ	OF		Category <sub>(S</sub> Advertising		isted at the top	p of this sche	edule)	(1)	_ :	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		, .a.vog	_,,,,,,,,,,					_	ı, TX,	officeholder living	g expense		
									Sign Stakes					
		L												
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Off	iceholder na	ame	0	ffice sou	ght			Office h	ela		
	Date		Payee name											
	02/16/2024		Amazon											
	Amount (\$)		Payee addre	ss; City	<i>r</i> ;	State;	Zip Co	de						
	\$22.71		410 Terry A	ve N										
			Seattle, WA	98109										
	PURPOSE	(a)	Category (S	ee Categories I	isted at the top	p of this sche	dule)	(b)	Description					
	OF EXPENDITURE		Advertising Expense						<b>-</b>	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense				
									Campaign Su			g expense		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Off	iceholder na	ame	0	ffice sou	ght			Office he	eld		
	Date		Pavee name											
	02/20/2024		Amazon											
	Amount (\$)		Payee addre	ss; City	<b>'</b> ;	State;	Zip Co	de						
	\$41.40	I	410 Terry A				·							
			Seattle, WA	98109										
	PURPOSE	(a)	Category (S	ee Categories I	isted at the top	p of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Advertising	Expense					ш			plete Schedule T.		
									Campaign Su		officeholder living	a cyhense		
									1					
	Complete ONLY if direct		andidate/Off	iceholder na	ame	0	ffice sou	ght			Office he	eld		
	expenditure to benefit C/OI	Н												
_														

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

l	Credit Card Payment	The Instruction Guide explains how to	-	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	-	3 Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 9/13	Riley, Lacey A.		00087865
4	Date	5 Payee name		•
	02/20/2024	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$96.83	410 Terry Ave N		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Campaign Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	02/20/2024	Lowes		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$30.27	6200 Long Prairie Rd		
		Flower Mound, TX 75028		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Campaign Supplies
				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Г	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/O	1		
Г	Date	Payee name		
	02/05/2024	MailChimp		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$13.86	675 Ponce de Leon Ave NE		
		Suite 5000		
		Atlanta, GA 30308		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Email Marketing Software		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Email Marketing Software
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/OI	1		

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense Prii Sal	-	nse es/Contract Labor		Travel in District Travel Out of Di OTHER (enter a				
1	Total pages Schedule F1:						l	Filer ID	(Ethics Commission Filers)			
	Sch: 4/6 Rpt: 10/13	Riley, Lace	y A.	00087865								
4	Date	1	Payee name									
L	02/20/2024	Michaels										
6	Amount (\$)	1	Payee address; City; State; Zip Code									
	\$42.12	6101 Long	Prairie Rd									
L			und, TX 75028		1							
8	PURPOSE OF		See Categories listed at the to	op of this schedule	e) (b)	Description  Check if travel	nutsin	de of Teyes Com	nplete Schedule T.			
	EXPENDITURE	Advertising	∟xpense			ш		officeholder living				
						Campaign Su						
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	e sough			Office h	eld			
	Date	Payee name	)									
	02/01/2024	NationBuild	der									
	Amount (\$)	Payee addre	ess; City;	State; Zi	ip Code							
\$179.00 520 S Grand AVe												
		Los Angele	es, CA 90071									
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule	e) <b>(b</b> )	Description						
	OF EXPENDITURE	Campaign	Management Softw	are		ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense vaign Management Software						
					ш							
						<del> </del> 8 ///		J - 1211 <b>. CO</b>				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought					Office held					
_	Dato	Dove a reason										
	Date 02/24/2024	Payee name NationBuild										
				Stata: 7	in Codo							
	Amount (\$) \$45.50	Payee addre 520 S Grar		State; Zi	ih Coae							
	Ψ40.00	320 3 GIAI	IG /1VC									
		Los Angele	es, CA 90071									
	PURPOSE OF		See Categories listed at the to	op of this schedule	e) (b)	Description						
	EXPENDITURE	Accounting	/Banking			ш		de of Texas. Com officeholder living	nplete Schedule T. g expense			
						Credit Card F						
								-				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	e sough			Office h	eld			

### SCHEDULE F1

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

Fees Office Ove Food/Beverage Expense Polling Expense Finting Expense Printing Expense Legal Services Salaries/M

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 11/13	Riley, Lacey A. 00087865
4	Date	5 Payee name
	02/20/2024	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.30	6060 Long Prairie
		Flower Mound, TX 75028
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/21/2024	Tom Thumb
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.05	4301 Cross Timbers Rd
		Suite 350
		Flower Mound, TX 75028
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel to Polling Locations
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
H	Date	Payee name
	01/30/2024	VistaPrint
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,096.86	275 Wyman St
	Ψ1,030.00	273 Wyman St
		Waltham , MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Yard Signs and Pushcards
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	mmittee	Gift/Awa Legal Se	everage Expense ards/Memorials Ex ervices struction Guio			pense ages/	Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1: Sch: 6/6 Rpt: 12/13	2	FILER NAM Riley, Lace							1	Filer ID 00087865	(Ethics Commi	ssion Filers)	
4	Date	5	Payee name							<u> </u>				
•	02/16/2024	ľ	VistaPrint	,										
6	Amount (\$)	7	Payee addre	ess;	City;	State;	Zip Coc	de						
	\$843.25		275 Wyma	n St										
			Waltham ,	MA 024	451									
8	PURPOSE	(a)	Category (s	See Catego	ories listed at the	top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Printing Ex			100 01 1110 0011		[	Check if travel			plete Schedule T.		
	EXI ENDITORE							I	Check if Austin	ı, TX,	officeholder living	expense		
									rusiicaius					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficehold	er name	C	Office soug	jht			Office he	eld		

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 13/13 00087865 Riley, Lacey A. \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/21/2024 Jones, Ronnie Amount (\$) Payee address; City; State; Zip Code \$210.00 6007 Thorn Trail Flower Mound, TX 75028 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Sign Placement Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/16/2024 Lipscomb, Larry Amount (\$) Payee address; City; State; Zip Code \$2,326.84 950 Crestwood Cir Flower Mound, TX 75028 TYPE OF Non-Political Political Χ **EXPENDITURE**