CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00088136		2 Total pages fil	led: 27
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	USE ONLY
OFFICEHOLDER NAME	Mrs.	Hillary G.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/14/2024	
	MCKWAWL	Hickland		301117		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
MAILING	6318 Brayson Oaks Ct.				Receipt #	Amount
ADDRESS						
Change of Address	Belton, TX 76513				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Rebecca				
	NICKNAME	LAST		SUFFIX		
		Tong				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	2130 Allenna Ln					
(Residence or Business)	Temple, TX 76502					
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(254) 760-3963					
8 REPORT TYPE	January 15	30th day before	election \square	Runoff	15th day after ca	mnaign treasurer
		_ countary before		L	appointment (offi	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	TH	IROUGH	06/30/202	24	
		i				
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGHT	(if known)	
				State Represent	ative District 55	
	1			ı		
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		GO 1	J . AUL 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	14 Filer ID 00088136	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 62,501.86
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 82,373.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 68,645.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 25,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mrs. I	Hillary G. Hickland	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 27		
18 FILER NA		19 Filer ID	(Ethics	Commission Filers)		
	Hillary G. (Mrs.)	00088136				
	LE SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	39,260.87		
2. X	\$	23,240.99				
3.	\$					
4.	4. SCHEDULE E: LOANS					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	82,373.36			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/27	
2	FILER NAME Hickland, Hil	lary G. (Mrs.)			3	Filer ID (Ethics Commission 00088136	on Filers)
4	Date 03/13/2024	Abrahams, Stanley	ate PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
		Belton, TX 76513					
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 03/25/2024	Atkins, Linda Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$25.00
	Principal occu	Temple, TX 76504 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Property mai	nager		self employed			
	Date 06/11/2024	Full name of contributor out-of-sta Atkins, Linda Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Temple, TX 76504					
	Principal occu Property mai	pation / Job title (See Instructions) nager		Employer (See Instructions self employed	5)		
	Date 06/20/2024	Autry Public Affairs LLC				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/06/2024	Banks, Curtis	ate PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			'				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/27	
2	FILER NAME Hickland, Hil	lary G. (Mrs.)		3	Filer ID (Ethics Commission 00088136	on Filers)
4	Date 06/20/2024	 Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal annu	Austin, TX 78701	O Frankright (Cook hostworthorn			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID#:_Blank, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Killeen, TX 76543 pation / Job title (See Instructions)	Employer (See Instructions)		
	retired	patient, cos alle (cos metadolo)	retired	,		
	Date 03/14/2024	Full name of contributor out-of-state PAC (ID#:_ Brown, Janet Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Belton, TX 76513				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#:_ Delisi Communications PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Dreher, Gerald (Dr.) Contributor address; City; State; Zip Code Harker Heights, TX 76548			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Central TX VA)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/27	
2	FILER NAME Hickland, Hil	llary G. (Mrs.)		3	Filer ID (Ethics Commission 00088136	on Filers)
4	Date 06/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ Fazand, Chad 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Deignaignal annu	Temple, TX 76502	O Familia var (Coo Instructions			
8	Investor	pation / Job title (See Instructions)	9 Employer (See Instructions) Fazand Interests) 		
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:_ Gary Gates for Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Rosenberg, TX 77471 upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:_ Granovitz, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$24.01
	Dringing aggr	Houston, TX 77071	Employer (See Instructions			
	IT Specialist	pation / Job title (See Instructions)	Employer (See Instructions RWJBarnabus) 		
	Date 03/13/2024	Full name of contributor out-of-state PAC (ID#:_ Harford, Janet Contributor address; City; State; Zip Code Belton, TX 76513)		Amount of Contribution (\$)	\$96.06
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 03/06/2024	Full name of contributor out-of-state PAC (ID#:_ Haskins, Gerald Contributor address; City; State; Zip Code Killeen, TX 76543			Amount of Contribution (\$)	\$9.61
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/27	
2	FILER NAME Hickland, Hil	llary G. (Mrs.)		3	Filer ID (Ethics Commission 00088136	on Filers)
4	Date 06/20/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00
_	Duinning Langu	Austin, TX 78701	O Frankriger (Cook keets et in 19			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Holman, Nathaniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Deinainal agai	elgin, OK 73538	Frankrian (Coo Instructions			
	soldier	pation / Job title (See Instructions)	Employer (See Instructions US Army)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Holman, Nathaniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		elgin, OK 73538				
	Principal occu soldier	pation / Job title (See Instructions)	Employer (See Instructions US Army)		
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:_Holman, Nathaniel Contributor address; City; State; Zip Code elgin, OK 73538)		Amount of Contribution (\$)	\$25.00
	Principal occu soldier	pation / Job title (See Instructions)	Employer (See Instructions US Army)		
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_Holman, Nathaniel Contributor address; City; State; Zip Code elgin, OK 73538)		Amount of Contribution (\$)	\$25.00
	Principal occu soldier	pation / Job title (See Instructions)	Employer (See Instructions US Army)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/27	
2	FILER NAME Hickland, Hil	lary G. (Mrs.)			3	Filer ID (Ethics Commissio 00088136	n Filers)
4	Date 05/08/2024	 Full name of contributor out-of-s Holman, Nathaniel Contributor address; City; State; Zip Co)	7	Amount of Contribution (\$)	\$25.00
0	Dringing coou	elgin, OK 73538	lo.	Employer (See Instructions	·/-		
8	soldier	pation / Job title (See Instructions)	9	Employer (See Instructions US Army	•)		
	Date 05/15/2024	Full name of contributor uut-of-s Holman, Nathaniel Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	elgin, OK 73538 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	soldier	pation / sob title (See instructions)		US Army	,		
	Date 05/09/2024	Full name of contributor out-of-s HomePAC or Texas Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date 03/04/2024	Hornback, Steven)		Amount of Contribution (\$)	\$100.00
	Principal occu Pest Control	pation / Job title (See Instructions)		Employer (See Instructions self employed	<u>(</u>		
	Date 03/11/2024	Hornback, Steven	state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Pest Control	pation / Job title (See Instructions)		Employer (See Instructions self employed	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/27	
2	FILER NAME Hickland, Hil	ary G. (Mrs.)			3	Filer ID (Ethics Commission 00088136	ı Filers)
4	Date 05/22/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
_		Harker Heights, TX 76548	_				
8	Principal occu Pest Control	pation / Job title (See Instructions)	9	Employer (See Instructions self employed	5)		
	Date 03/06/2024	Full name of contributor out-of-state PAC (ID#:_ Hugo, Holly Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.01
	Principal occu	Temple, TX 76504 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	retired	,		retired	,		
	Date 04/04/2024	Full name of contributor ut-of-state PAC (ID#:_ Hugo, Holly Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.01
		Temple, TX 76504					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
Date 05/06/2024		Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$24.01
	Principal occuretired	Temple, TX 76504 pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u> 5)		
	Date 06/05/2024	Full name of contributor out-of-state PAC (ID#:_ Hugo, Holly Contributor address; City; State; Zip Code Temple, TX 76504)		Amount of Contribution (\$)	\$24.01
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/27	
2	FILER NAME Hickland, Hil	llary G. (Mrs.)		3	Filer ID (Ethics Commission 00088136	on Filers)
4	Date 06/07/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
0	Dringing oggu	Dallas, TX 75201 pation / Job title (See Instructions)	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions) 		
	Date 03/04/2024	Full name of contributor			Amount of Contribution (\$)	\$240.15
	Dringing oggu	Temple, TX 76502	Employer (See Instructions			
	retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_ Lee A Woods PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID#:_Leuschel, Bernice Contributor address; City; State; Zip Code Temple, TX 76502			Amount of Contribution (\$)	\$15.00
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_Malig, Carol Contributor address; City; State; Zip Code Belton, TX 76513			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/27	
2	FILER NAME Hickland, Hil	llary G. (Mrs.)		3	Filer ID (Ethics Commissi 00088136	on Filers)
4	Date 04/25/2024	5 Full name of contributor out-of-state PAC (ID#:_ Mike Toomey & Associates 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#:_ Rural Friends of Electric Cooperatives Contributor address; City; State; Zip Code Austin, TX 78701-2100			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID#:_ Simonton, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Belton, TX 76513				
	retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#:_ TABA Home PAC Contributor address; City; State; Zip Code Temple , TX 76503)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/27	
2	FILER NAME Hickland, Hil	llary G. (Mrs.)		3	Filer ID (Ethics Commission 00088136	on Filers)
4	Date 04/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal annu	Austin, TX 78701	O Franks or (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	· 					
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$7,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/18/2024	Full name of contributor out-of-state PAC (ID#:_ Weber, Robert Contributor address; City; State; Zip Code Killeen, TX 76542			Amount of Contribution (\$)	\$250.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		

The Instruction Guide explains how to complete this 2 FILER NAME Hickland, Hillary G. (Mrs.) 4 Date 06/07/2024	3 Filer ID (Ethics Commission Filers) 00088136
Hickland, Hillary G. (Mrs.) 4 Date	3 Filer ID (Ethics Commission Filers) 00088136 7 Amount of Contribution (\$) \$100.0
06/07/2024 Widmer, Andrew 6 Contributor address; City; State; Zip Code Temple, TX 76502 8 Principal occupation / Job title (See Instructions)	\$100.0
8 Principal occupation / Job title (See Instructions)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 14/27						
2 FILER NAME Hickland, Hi	illary G. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088136					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
5 Date 03/12/2024	 Full name of contributor out-of-state PAC (ID#:	8 Amount of contribution (\$) 9 In-kind contribution description \$5,760.00 I Canvassing						
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date Full name of contributor out-of-state PAC (ID#:			Amount of In-kind contribution contribution (\$) description \$424.55 travel					
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / 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 contributo	or's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	-						
Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$8,451.16 texting					
Principal occu	Austin, TX 78767 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -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 contributo	or's spouse (if any) (FOR JUDICIAL)					
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCH	HED	UL	E	Α2

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 15/27	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hickland, Hi	illary G. (Mrs.)	00088136	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
03/01/2024	Greg Abbott Campaign		contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$6,156.00 Canvassing
			ļ .
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-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 contribute	or'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 out-of-state PAC (ID#:)	Amount of In-kind contribution
02/27/2024	Greg Abbott Campaign		contribution (\$) description
	Contributor address; City; State; Zip Code		\$1,700.00 i digital
			į į
			į
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution
02/28/2024	Texans for Dan Patrick		contribution (\$) description
	Contributor address; City; State; Zip Code		\$749.28। Campaign Endorsement Text Message
			l l
	Houston, TX 77046		Check if travel outside of Texas. Complete Schedule
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/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: 1/12 Rpt: 16/27	Hickland, Hillary G. (Mrs.)
4	Date	5 Payee name
	03/27/2024	17 South
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	17 South Main St
		Temple, TX 76502
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Buffet Service for Campaign Rally
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/16/2024	4Imprint Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$286.04	101 Commerce Street
		Oshkosh, WI 54901
	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
		Customized Markers with logo for RPT Convention
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2024	Berry Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	1005 Congress
l		Ste 450
		<u> </u>
	PURPOSE	Ste 450
	PURPOSE OF EXPENDITURE	Ste 450 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	Ste 450 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	Ste 450 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	Ste 450 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE	Ste 450 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Candidate/Officeholder name City Check if Austin, TX, officeholder living expense consulting fee
	OF EXPENDITURE Complete ONLY if direct	Ste 450 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Candidate/Officeholder name City Check if Austin, TX, officeholder living expense consulting fee
	OF EXPENDITURE Complete ONLY if direct	Ste 450 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Candidate/Officeholder name City Check if Austin, TX, officeholder living expense consulting fee

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/12 Rpt: 17/27	Hickland, Hillary G. (Mrs.)
4	Date	5 Payee name
	03/01/2024	Berry Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	1005 Congress
	!	Ste 450
	1	Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
	!	Consulting fee
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	03/14/2024	Berry Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$28,000.00	1005 Congress
		Ste 450
	1	Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	LAI ENDITORE	Check if Austin, TX, officeholder living expense
		Consulting and text messaging
	Control Vifalinos	Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/27/2024	Big Hoss BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	9502 E. Trimmier Rd
	!	
		Killeen, TX 76542
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	2 /1. 2 /1. 2 /1.	Check if Austin, TX, officeholder living expense Venue Fee
	!	Venue Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 18/27	Hickland, Hillary G. (Mrs.) 00088136
4	Date	5 Payee name
	02/28/2024	Campaign Advocacy Management Professionals
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,117.10	401 NE 46th
		Oklahoma City, OK 73105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Mailers
		Widners
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Data	
	Date	Payee name
	03/01/2024	Campaign Advocacy Management Professionals
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,380.50	401 NE 46th
		Oklahoma City, OK 73105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		direct mailer
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/29/2024	ExtraCo Banks
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	PO BOX 6101
		Temple, TX 76503
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		service charge
\vdash	Operated ONE V. V. V.	Open Highest (Office health and an
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
1		
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		-	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 4/12 Rpt: 19/27	Hickland, Hillary G. (Mrs.)				00088136	
4	Date	5 Payee name					
	03/29/2024	ExtraCo Banks					
6	Amount (\$)	7 Payee address; City; State; Zip	Code				
	\$3.00	PO BOX 6101					
		Temple, TX 76503					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Accounting/Banking				ide of Texas. Com , officeholder living	
				service fee		,	5 - 1
9	Complete ONLY if direct expenditure to benefit C/O		sought			Office he	eld
_	Data						
	Date	Payee name ExtraCo Banks					
	04/30/2024						
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$3.00	PO BOX 6101					
		Temple, TX 76503					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/Banking				ide of Texas. Com , officeholder living	
				service charg		, onicendider living	g expense
				20.1.00 009	, •		
	Complete ONLY if direct	Candidate/Officeholder name Office	sought			Office he	eld
	expenditure to benefit C/O		ooug			55	
	Date	Payee name					
	05/31/2024	ExtraCo Banks					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$3.00	PO BOX 6101					
		Temple, TX 76503					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/Banking				ide of Texas. Com	•
				Service Char		, officeholder living	g expense
				Jervice Criar	yc		
_	Complete ONLY if direct	Candidate/Officeholder name Office	sought			Office he	eld
	expenditure to benefit C/O		Jougill			Onice III	Ciu

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/12 Rpt: 20/27	Hickland, Hillary G. (Mrs.)
4	Date	5 Payee name
	06/28/2024	ExtraCo Banks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	PO BOX 6101
		Temple, TX 76503
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Charge
		and the state of t
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Power name
	03/04/2024	Payee name Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.48	1 Hacker Way
		Menlo Park, CA 94025
	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
		social media paid ads
		Sooial Media paid ads
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies name
	02/28/2024	Payee name Fire Street Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,183.13	10310 FM-439
		Belton, TX 76513
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Venue rental fees
		V 3/14/3 / 3/14/4 / 10/03
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

orean oara'r dymeni	The Instruction Guide explains how to co	omplete	e this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 6/12 Rpt: 21/27	Hickland, Hillary G. (Mrs.)			00088136	
4 Date	5 Payee name		•		
03/19/2024	Howard, Jeff				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$211.00	5613 Hamlet Dr				
	Belton, TX 76513				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
OF EXPENDITURE	Printing Expense		Check if travel outs	ide of Texas. Com	plete Schedule T.
LXI LINDITORE			Check if Austin, TX		
		'	eimbursement	ior printing s	tickers for pushcarts
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office he	nld
expenditure to benefit C/O		ugni		Office file	eiu
	1				
Date	Payee name				
03/05/2024	Johnson, Robert				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$72.82	13 Ben Nevis Ln				
	Belton, TX 76513				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsi Check if Austin, TX		
		[JAS Aerial Foot		, oxponed
				· ·	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office he	eld
expenditure to benefit C/O	H				
Date	Payee name				
03/11/2024	Johnson, Robert				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$136.38	13 Ben Nevis Ln				
	Belton, TX 76513				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
OF	Salaries/Wages/Contract Labor	Ι Γ	Check if travel outs	ide of Texas. Com	plete Schedule T.
EXPENDITURE	Calaino, Wagoo, Contract Lason	[Check if Austin, TX	, officeholder living	g expense
		[Orone Footage		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	IT				

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	Office O Polling I nse Printing Salaries	verhea Expens Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
			The Instruction Guide	explains now to c	ompi	ete this form.	_		
1	Total pages Schedule F1: Sch: 7/12 Rpt: 22/27		E Hillary G. (Mrs.)				3	Filer ID 00088136	(Ethics Commission Filers)
4	Date	5 Payee name	<u> </u>				_		
	03/04/2024	1	Ray Creative LLC						
6	Amount (\$) \$42.96	7 Payee addre 104 HollytrGeorgetow		State; Zip C	ode				
8	PURPOSE OF EXPENDITURE	(a) Category (s Consulting	See Categories listed at the top Expense	of this schedule)	(b)		, TX	ide of Texas. Com, , officeholder living and mainten	expense
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld
	Date	Payee name		-		-			
	04/05/2024		Ray Creative LLC						
	Amount (\$)	Payee addre		State; Zip C	ode				
	\$49.46	104 Hollytr Georgetow	ee Ct ⁄n, TX 78628						
	PURPOSE OF EXPENDITURE		See Categories listed at the top ages/Contract Labor		(b)	<u></u>	, TX	ide of Texas. Com , officeholder living IANCE	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld
	Date 03/13/2024	Payee name MailChimp							
	Amount (\$) \$13.86	Payee addre 405 N Angi Atlanta, GA	ier Ave NE	State; Zip C	ode				
\vdash	PURPOSE			of this calcast	(h)	Description			
	OF EXPENDITURE	Fees	See Categories listed at the top	oi this schedule)		Check if travel	, TX	ide of Texas. Com , officeholder living n manageme	expense
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/12 Rpt: 23/27	Hickland, Hillary G. (Mrs.)
4	Date	5 Payee name
	04/15/2024	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.86	405 N Angier Ave NE
		Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		email management service
		Sinai management eervise
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/15/2024	MailChimp
H	Amount (\$)	Payee address; City; State; Zip Code
	\$13.86	405 N Angier Ave NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		email management service
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	06/06/2024	MailChimp
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.86	405 N Angier Ave NE
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		email management system
1		S
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	y
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 9/12 Rpt: 24/27	Hickland, Hillary G. (Mrs.)					
4	Date	5 Payee name					
	03/11/2024	Miller's Smokehouse					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$578.24	300 E. Central Ave					
		Belton, TX 76513					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Breakfast for precinct convention					
		Breaklast for predirect convention					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
۱	expenditure to benefit C/OI						
	Date	Payee name					
	06/06/2024	Patrick, Lynsey					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$720.00	3201 River Place Dr					
		Belton, TX 76513					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense local support, scheduling, correspondence,					
		coordinator/assistant					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	03/08/2024	Posey, Cassandra					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,500.00	16635 Spring Cypress Rd					
	40,000.00	unit 91					
		Cypress, TX 77429					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Salarias/Magas/Contract Labor Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Campaign Manager wages					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
Ļ		The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:		s)				
	Sch: 10/12 Rpt: 25/27	Hickland, Hillary G. (Mrs.) 00088136					
4	Date	5 Payee name					
	04/02/2024	Posey, Cassandra					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$2,000.00	16635 Spring Cypress Rd					
		unit 91					
		Cypress, TX 77429					
8	PURPOSE						
ľ	OF						
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Campaign manager services					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	DH					
	Date	Payee name					
	05/02/2024	Posey, Cassandra					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	16635 Spring Cypress Rd					
		unit 91					
		Cypress, TX 77429					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Campaign manager					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
\vdash	Data	David game					
	Date	Payee name					
	02/27/2024	Ryan Data & Research					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,000.00	PO Box 202675					
L		Austin, TX 78720					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.	ſ				
		Check if Austin, TX, officeholder living expense voting data, research and reports					
		voiling data, research and reports					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						

SCHEDULE F1

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

Fees Office Overhead/F Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 11/12 Rpt: 26/27	Hickland, Hillary G. (Mrs.)					
4	Date	5 Payee name					
	03/04/2024	Tractor Supply Co #5509					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$385.69	5401 Virginia Way					
		Brentwood, TN 37027					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	supplies for signs Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense t-posts, zip-ties, post driver					
		t-posts, zip-ues, post unvei					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
H	Data	David and the second se					
	Date	Payee name					
	03/06/2024	Tractor Supply Co #5509					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$28.12	5401 Virginia Way					
		Brentwood, TN 37027					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Signage supplies Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Cable ties					
		capie lies					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
_	Data						
	Date 05/13/2024	Payee name USPS					
		55.5					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$91.00	111 N. Wall St					
		Belton, TX 76513					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense PO BOX 6 month rental fee					
		FO BOA O INOILII TETILAI IEE					
-	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH						
	 						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - ıl Co			/Wages/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)
_	Total mariae Cabadula F1.	1				12	Eller ID	(Ethios Commission Filoro)
1	Total pages Schedule F1: Sch: 12/12 Rpt: 27/27		Hickland, Hillary G. (Mrs.)			3	Filer ID 00088136	(Ethics Commission Filers)
4	Date	5	Payee name					
	04/02/2024		Young Conservatives of Tex					
6	Amount (\$)	7	Payee address; City;	State; Zip Co	Code			
	\$500.00		PO Box 12068					
			Austin, TX 78711					
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this schedule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Mad	de By			de of Texas. Com	
	LXI LINDITORL		Candidate/Officeholder/Polit	ical Committee			officeholder living	
					YCT Conven	tior	Sponsorsh	ıp
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ought		Office he	eld
	expenditure to benefit C/O	7						
l								