

# 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 Filer ID</b> (Ethics Commission Filers) 00088136	<b>2 Total pages filed:</b> 27	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mrs.	FIRST Hillary G.	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 07/14/2024
	NICKNAME	LAST Hickland	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 6318 Brayson Oaks Ct.  Belton, TX 76513		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mrs.	FIRST Rebecca	MI	
	NICKNAME	LAST Tong	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 2130 Allenna Ln  Temple, TX 76502			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (254)	PHONE NUMBER 760-3963	EXTENSION	
<b>8 REPORT TYPE</b>	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month      Day      Year 02/25/2024	THROUGH		Month      Day      Year 06/30/2024
<b>10 ELECTION</b>	ELECTION DATE Month      Day      Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 55	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 27

<b>13 C / OH NAME</b> Hickland, Hillary G. (Mrs.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00088136
---	---

<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	62,501.86
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	82,373.36
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	68,645.49
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	25,000.00

**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.

\_\_\_\_\_  
 Mrs. Hillary G. Hickland  
 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

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Hickland, Hillary G. (Mrs.)		<b>19 Filer ID</b> 00088136	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	39,260.87
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	23,240.99
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	82,373.36
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
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: 1/10 Rpt: 4/27
<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 03/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrahams, Stanley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Belton, TX 76513	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkins, Linda <hr/> Contributor address; City; State; Zip Code  Temple, TX 76504	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Property manager		Employer (See Instructions) self employed
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkins, Linda <hr/> Contributor address; City; State; Zip Code  Temple, TX 76504	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Property manager		Employer (See Instructions) self employed
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Autry Public Affairs LLC <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 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banks, Curtis <hr/> Contributor address; City; State; Zip Code  Waco, TX 76708	Amount of Contribution (\$)  \$20.00
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: 2/10 Rpt: 5/27
<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 06/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beer Alliance 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 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blank, Michael <hr/> Contributor address; City; State; Zip Code  Killeen, TX 76543	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Janet <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/20/2024	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 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dreher, Gerald (Dr.) <hr/> Contributor address; City; State; Zip Code  Harker Heights, TX 76548	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central TX VA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/10 Rpt: 6/27
<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 06/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fazand, Chad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Investor		<b>9</b> Employer (See Instructions) Fazand Interests
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gary Gates for Texas <hr/> Contributor address; City; State; Zip Code  Rosenberg, TX 77471	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Granovitz, David <hr/> Contributor address; City; State; Zip Code  Houston, TX 77071	Amount of Contribution (\$)  \$24.01
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) RWJBarnabus
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harford, Janet <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$96.06
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haskins, Gerald <hr/> Contributor address; City; State; Zip Code  Killeen, TX 76543	Amount of Contribution (\$)  \$9.61
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: 4/10 Rpt: 7/27
<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 06/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillco PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<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 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holman, Nathaniel <hr/> Contributor address; City; State; Zip Code  elgin, OK 73538	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) soldier		Employer (See Instructions) US Army
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holman, Nathaniel <hr/> Contributor address; City; State; Zip Code  elgin, OK 73538	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) soldier		Employer (See Instructions) US Army
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holman, Nathaniel <hr/> Contributor address; City; State; Zip Code  elgin, OK 73538	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) soldier		Employer (See Instructions) US Army
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holman, Nathaniel <hr/> Contributor address; City; State; Zip Code  elgin, OK 73538	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) soldier		Employer (See Instructions) US Army

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/10 Rpt: 8/27
<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holman, Nathaniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  elgin, OK 73538	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) soldier		<b>9</b> Employer (See Instructions) US Army
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holman, Nathaniel <hr/> Contributor address; City; State; Zip Code  elgin, OK 73538	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) soldier		Employer (See Instructions) US Army
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HomePAC or Texas <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 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hornback, Steven <hr/> Contributor address; City; State; Zip Code  Harker Heights, TX 76548	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pest Control		Employer (See Instructions) self employed
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hornback, Steven <hr/> Contributor address; City; State; Zip Code  Harker Heights, TX 76548	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pest Control		Employer (See Instructions) self employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/10 Rpt: 9/27
<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hornback, Steven <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harker Heights, TX 76548	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pest Control		<b>9</b> Employer (See Instructions) self employed
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hugo, Holly <hr/> Contributor address; City; State; Zip Code  Temple, TX 76504	Amount of Contribution (\$)  \$24.01
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hugo, Holly <hr/> Contributor address; City; State; Zip Code  Temple, TX 76504	Amount of Contribution (\$)  \$24.01
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hugo, Holly <hr/> Contributor address; City; State; Zip Code  Temple, TX 76504	Amount of Contribution (\$)  \$24.01
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hugo, Holly <hr/> Contributor address; City; State; Zip Code  Temple, TX 76504	Amount of Contribution (\$)  \$24.01
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: 7/10 Rpt: 10/27
<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) K&L Gates LLP <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 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuykendall, Karl <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$240.15
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee A Woods 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 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leuschel, Bernice <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malig, Carol <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$25.00
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: 8/10 Rpt: 11/27
<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 04/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mike Toomey & Associates <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 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rural Friends of Electric Cooperatives <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2100	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simonton, William <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TABA Home PAC <hr/> Contributor address; City; State; Zip Code  Temple , TX 76503	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$10,000.00
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: 9/10 Rpt: 12/27
<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 04/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Beverage Alliance <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 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Medical Association 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 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Medical Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$7,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2024	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 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weber, Robert <hr/> Contributor address; City; State; Zip Code  Killeen, TX 76542	Amount of Contribution (\$)  \$250.00
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: 10/10 Rpt: 13/27
<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Widmer, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions) Baylor Scott & White

# 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: 1/2 Rpt: 14/27	
2 FILER NAME Hickland, Hillary G. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088136	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/12/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$5,760.00	9 In-kind contribution description Canvassing
	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 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$424.55	In-kind contribution description travel
	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 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$8,451.16	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: 2/2 Rpt: 15/27	
2 FILER NAME Hickland, Hillary G. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088136	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/01/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$6,156.00	9 In-kind contribution description Canvassing
	7 Contributor address; City; State; Zip Code  Austin, TX 78767		
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 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$1,700.00	In-kind contribution description digital
	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 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Dan Patrick	Amount of contribution (\$) \$749.28	In-kind contribution description Campaign Endorsement Text Message
	Contributor address; City; State; Zip Code  Houston, TX 77046		
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)			

# 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: 1/12 Rpt: 16/27	<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 03/27/2024	<b>5</b> Payee name 17 South	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 17 South Main St  Temple, TX 76502	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 Buffet Service for Campaign Rally
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/16/2024	Payee name 4Imprint Inc	
Amount (\$) \$286.04	Payee address; City; State; Zip Code 101 Commerce Street  Oshkosh, WI 54901	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing 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 Customized Markers with logo for RPT Convention
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2024	Payee name Berry Communications	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 1005 Congress Ste 450 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<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
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: 2/12 Rpt: 17/27	<b>2</b>	FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00088136	
<b>4</b>	Date 03/01/2024	<b>5</b>	Payee name Berry Communications			
<b>6</b>	Amount (\$) \$10,000.00	<b>7</b>	Payee address; City; State; Zip Code 1005 Congress Ste 450 Austin, TX 78701			
<b>8</b>	<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			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 03/14/2024		Payee name Berry Communications			
	Amount (\$) \$28,000.00		Payee address; City; State; Zip Code 1005 Congress Ste 450 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 Consulting and text messaging			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/27/2024		Payee name Big Hoss BBQ			
	Amount (\$) \$500.00		Payee address; City; State; Zip Code 9502 E. Trimmier Rd  Killeen, TX 76542			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 Venue Fee			
		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: 3/12 Rpt: 18/27	<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 02/28/2024	<b>5</b> Payee name Campaign Advocacy Management Professionals	
<b>6</b> Amount (\$) \$10,117.10	<b>7</b> Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing 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 Mailers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Advocacy Management Professionals		
Amount (\$) \$8,380.50	Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/29/2024	Candidate/Officeholder name Office sought Office held	
Payee name ExtraCo Banks		
Amount (\$) \$3.00	Payee address; City; State; Zip Code PO BOX 6101  Temple, TX 76503	
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 service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 4/12 Rpt: 19/27	<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 03/29/2024	<b>5</b> Payee name ExtraCo Banks	
<b>6</b> Amount (\$) \$3.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 6101  Temple, TX 76503	
<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 service fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/30/2024	Payee name ExtraCo Banks	
Amount (\$) \$3.00	Payee address; City; State; Zip Code PO BOX 6101  Temple, TX 76503	
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 service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/31/2024	Payee name ExtraCo Banks	
Amount (\$) \$3.00	Payee address; City; State; Zip Code PO BOX 6101  Temple, TX 76503	
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 Service Charge
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: 5/12 Rpt: 20/27	<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 06/28/2024	<b>5</b> Payee name ExtraCo Banks	
<b>6</b> Amount (\$) \$3.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 6101  Temple, TX 76503	
<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 Service Charge
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name Facebook	
Amount (\$) \$20.48	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
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 social media paid ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2024	Payee name Fire Street Pizza	
Amount (\$) \$2,183.13	Payee address; City; State; Zip Code 10310 FM-439  Belton, TX 76513	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 Venue rental fees
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                        | 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 -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/12 Rpt: 21/27	<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 03/19/2024	<b>5</b> Payee name Howard, Jeff	
<b>6</b> Amount (\$) \$211.00	<b>7</b> Payee address; City; State; Zip Code 5613 Hamlet Dr  Belton, TX 76513	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing 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 reimbursement for printing stickers for pushcarts
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/05/2024	Payee name Johnson, Robert	
Amount (\$) \$72.82	Payee address; City; State; Zip Code 13 Ben Nevis Ln  Belton, TX 76513	
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 UAS Aerial Footage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/11/2024	Payee name Johnson, Robert	
Amount (\$) \$136.38	Payee address; City; State; Zip Code 13 Ben Nevis Ln  Belton, TX 76513	
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 Drone Footage
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: 7/12 Rpt: 22/27	<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088136
---	--	--

<b>4</b> Date 03/04/2024	<b>5</b> Payee name Kristopher Ray Creative LLC
-----------------------------	--

<b>6</b> Amount (\$) \$42.96	<b>7</b> Payee address; City; State; Zip Code 104 Hollytree Ct  Georgetown, TX 78628
---------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<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 website design and maintenance
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 04/05/2024	Payee name Kristopher Ray Creative LLC
--------------------	---

Amount (\$) \$49.46	Payee address; City; State; Zip Code 104 Hollytree Ct  Georgetown, TX 78628
------------------------	--

<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 website maintenance
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 03/13/2024	Payee name MailChimp
--------------------	-------------------------

Amount (\$) \$13.86	Payee address; City; State; Zip Code 405 N Angier Ave NE  Atlanta, GA 30308
------------------------	--

<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 email distribution management system
-------------------------------	---	--

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: 8/12 Rpt: 23/27	<b>2</b>	FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00088136
<b>4</b>	Date 04/15/2024	<b>5</b>	Payee name MailChimp		
<b>6</b>	Amount (\$) \$13.86	<b>7</b>	Payee address; City; State; Zip Code 405 N Angier Ave NE  Atlanta, GA 30308		
<b>8</b>	<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 email management service		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/15/2024		Payee name MailChimp		
	Amount (\$) \$13.86		Payee address; City; State; Zip Code 405 N Angier Ave NE  Atlanta, GA 30308		
	<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 email management service		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/06/2024		Payee name MailChimp		
	Amount (\$) \$13.86		Payee address; City; State; Zip Code 405 N Angier Ave NE  Atlanta, GA 30308		
	<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 email management system		
		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: 9/12 Rpt: 24/27	<b>2</b>	FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00088136
<b>4</b>	Date 03/11/2024	<b>5</b>	Payee name Miller's Smokehouse		
<b>6</b>	Amount (\$) \$578.24	<b>7</b>	Payee address; City; State; Zip Code 300 E. Central Ave  Belton, TX 76513		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<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 Breakfast for precinct convention		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/06/2024		Payee name Patrick, Lynsey		
	Amount (\$) \$720.00		Payee address; City; State; Zip Code 3201 River Place Dr  Belton, TX 76513		
	<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 local support, scheduling, correspondence, coordinator/assistant		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/08/2024		Payee name Posey, Cassandra		
	Amount (\$) \$3,500.00		Payee address; City; State; Zip Code 16635 Spring Cypress Rd unit 91 Cypress, TX 77429		
	<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 Manager wages		
		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: 10/12 Rpt: 25/27	<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088136
<b>4</b> Date 04/02/2024	<b>5</b> Payee name Posey, Cassandra	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 16635 Spring Cypress Rd unit 91 Cypress, TX 77429	
<b>8</b> 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 manager services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2024	Payee name Posey, Cassandra	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 16635 Spring Cypress Rd unit 91 Cypress, TX 77429	
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 manager
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name Ryan Data & Research	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code PO Box 202675  Austin, TX 78720	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling 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 voting data, research and reports
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: 11/12 Rpt: 26/27	<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088136
--	--	--

<b>4</b> Date 03/04/2024	<b>5</b> Payee name Tractor Supply Co #5509
-----------------------------	--

<b>6</b> Amount (\$) \$385.69	<b>7</b> Payee address; City; State; Zip Code 5401 Virginia Way  Brentwood, TN 37027
----------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) supplies for signs	<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 t-posts, zip-ties, post driver
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 03/06/2024	Payee name Tractor Supply Co #5509
--------------------	---------------------------------------

Amount (\$) \$28.12	Payee address; City; State; Zip Code 5401 Virginia Way  Brentwood, TN 37027
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) signage supplies	<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 cable ties
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 05/13/2024	Payee name USPS
--------------------	--------------------

Amount (\$) \$91.00	Payee address; City; State; Zip Code 111 N. Wall St  Belton, TX 76513
------------------------	--

<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 PO BOX 6 month rental fee
-------------------------------	---	---

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: 12/12 Rpt: 27/27	<b>2</b> FILER NAME Hickland, Hillary G. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088136	
<b>4</b> Date 04/02/2024	<b>5</b> Payee name Young Conservatives of Texas		
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711		
<b>8</b> PURPOSE OF EXPENDITURE	<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 YCT Convention Sponsorship	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held