## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Comm 00084135		2 Total pages fil 3	ed: 5
3	CANDIDATE /	MS / MRS / MR	FIRST	•	MI		JSE ONLY
	OFFICEHOLDER	The Honorable	Lacey M.				
	NAME					Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	10/07/2024	
			Hull				
L					710 0005	Date Hand-delivered o	r Data Dactmarked
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT/SUITE#; CI	Y;	ZIP CODE	Date Hand-delivered o	Dale Posiliarkeu
	MAILING	PO Box 19231				Receipt #	Amount
	ADDRESS					Receipt #	Amount
	Change of Address	Houston, TX 77224				Date Processed	
						Date Plocessed	
						Date Imaged	
						Date imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
ľ	TREASURER				IVII		
	NAME	Mrs.	Elizabeth				
		NICKNAME	LAST		SUFFIX		
		Buffie	Ingersoll				
6	CAMPAIGN	STREET ADDRESS (NC	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
	TREASURER	9 Rollingwood Dr	<i>,</i> ,				
	ADDRESS						
	(Residence or Business)	11					
		Houston, TX 77080					
7	CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
Ľ	TREASURER	(713) 446-6426		Extremelient			
	PHONE	(713) 440-0420					
8	REPORT						
l° .	TYPE	January 15	X 30th day befor		Runoff	15th day after car	nnaign treasurer
			X 30th day before			appointment (offic	
		July 15	8th day before	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
					reporting limit	-	
9	PERIOD	Month Day Ye	ear		Month Day	Year	
	COVERED	07/01/2024	ТІ	HROUGH	09/26/2024	4	
10	ELECTION	ELECTION DAT	=		ELECTION TYPE		
<b> </b> <sup></sup>				Primary	Runoff	Other	
		11/05/2024					
			X	General	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
		State Representative	District 138		State Representa	ative District 138	
1							
⊢		I			1		
1							
1			<u> </u>				
1				TO PAGE 2			
Fo	rms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Versi	on V4.1.0.48da51f7

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 35

13 C / OH NAME	Hull, Lacey M. (The	Honorable)	14 Filer ID 00084135	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	eholder's knowledge or					
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	X GENERAL	Texas Alliance for Life PAC							
		COMMITTEE ADDRESS							
		8000 Centre Park Drive							
		Ste 380							
	Austin, TX 78754								
		COMMITTEE CAMPAIGN TREASURER NAME							
	Shaw, James								
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS						
		4505 Corazon Cv							
		Round Rock, TX 78681							
<b>16</b> CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		<b>\$</b> 0.00					
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	<b>\$</b> 115,541.14					
EXPENDITURE TOTALS		<b>\$</b> 886.33							
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 70,027.14					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LE	AST DAY OF THE	<b>\$</b> 189,866.16					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	S OF THE LAST DAY	<b>\$</b> 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
		The Ho	norable Lacey M. Hu	II					
		Signature o	f Candidate or Officeho	lder					
AFFIX NC	)TARY STAMP / SEAL AB	OVE							
Sworn to and subs	scribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of off	icer administering	Printed name of officer administering	Title of office	er administering oath					
Forms provided by Te	exas Ethics Commission	n www.ethics.state.tx.us		Version V4.1.0.48da51f7					

## CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

## FORM C/OH

Page 3 of 35

17 NOTICE FROM ex POLITICAL of COMMITTEE(S)	expenditures may have b fficeholders are required COMMITTEE TYPE	onorable) f political expenditures by political committees to su een made without the candidate's or officeholder's d to report this information only if they receive notice	knowledge or col	(Ethics Commission Filers) ate / officeholder. These
FROM ex POLITICAL of COMMITTEE(S)	expenditures may have b fficeholders are required COMMITTEE TYPE	een made without the candidate's or officeholder's	knowledge or col	ate / officeholder. These
			e of such experior	itures
	X GENERAL	COMMITTEE NAME TREPAC		
	SPECIFIC	COMMITTEE ADDRESS 1115 San Jacinto Blvd Ste 200		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER ADDRES PO Box 2246	SS	
		Austin, TX 78768		

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 4 of 35 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00084135 Hull, Lacey M. (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 79,087.29 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 36,453.85 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 51,238.08 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 20,423.12 \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ 1,023.77 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE	A1
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The Instru	uction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:	
2 FILER NAME	· · ·		Ļ	Sch: 1/11 Rpt: 5/35	
	- M. (The Honorable)		J	Filer ID (Ethics Commission 00084135	JII FIIEISJ
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
09/24/2024	—				\$1,000.00
	6 Contributor address; City; State; Zip Code		1		
	Houston, TX 77092				
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
09/24/2024	Associated Builders and Contractors of TX PAC	;			\$1,000.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78767				
Princinal occ	rupation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
T Intoipui occi			"		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
09/24/2024	— —				\$2,500.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77024	T			
	upation / Job title (See Instructions)	Employer (See Instructions unknown	5)		
unknown		ипкпомп	<del>—</del>		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<u>ቀ</u> 1 <u>000 00</u>
09/24/2024	· · · · · · · · · · · · · · · · · · ·				\$1,000.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)		
attorney		self			
Date	Full name of contributor X out-of-state PAC (ID#:	FEC-1708784 )	Γ	Amount of Contribution (\$)	
09/19/2024	Bristol-Myers Squibb Company PAC				\$500.00
	Contributor address; City; State; Zip Code		]		
	Washington, DC 20004				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
			.,		

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 6/35	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		И. (The Honorable)				00084135	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/20/2024	Brooks, Jeri					\$150.00
		6 Contributor address; City; S	tate; Zip Code		1		
		Houston, TX 77010					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	self			One World			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Butler, Judy		/			\$100.00
		Contributor address; City; S					
		Austin, TX 78652					
⊢	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> ເ)		
	retired		-)	retired	-)		
╞					<u> </u>	Amount of Contribution (ft)	
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	¢1 000 00
	09/24/2024	Cemex. Inc. Employees F					\$1,000.00
		Contributor address; City; S	tate; Zip Code				
		Lieveten TV 77040					
	<u> </u>	Houston, TX 77043	```		Ĺ		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
					_		
	Date	Full name of contributor	x out-of-state PAC (ID#:	EC-1539924 )		Amount of Contribution (\$)	
	09/20/2024	Chubb Group Holdings In					\$500.00
		Contributor address; City; S					
		Philidelphia, PA 19106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/24/2024	Cornerstone Government	Affairs Texas PAC				\$500.00
		Contributor address; City; S	tate; Zip Code				
		Washington, DC 20024					
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	5)		
-				I			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 7/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hull, Lacey M	M. (The Honorable)			00084135	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/20/2024	David L. Cook Campaign				\$500.00
	I	6 Contributor address; City; State; Zip Code		1		
		1				
		Mansfield, TX 76083				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	3)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/12/2024	Dominy, David				\$1,041.02
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	l					
┝	Duin singly goog	Houston, TX 77080		Ĺ		
	Principal occu real estate	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
╘				<del>—</del>		
	Date	Full name of contributor X out-of-state PAC (ID#: Fl	<u>EC-1687827</u> )		Amount of Contribution (\$)	÷0.000.00
	09/19/2024	Ely Lilly and Company PAC				\$2,000.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	l	Indianapolis, IN 45285				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>د)</u>		
				•,		
$\vdash$	Date	Full name of contributor out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	09/12/2024	Felius, Rene	,		,	\$500.00
		Contributor address; City; State; Zip Code		ł		•
	I					
	I	1				
		Houston, TX 77024				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u> 3)		
	President		Special Kids Care			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/24/2024	Gary Gates for Texas				\$2,500.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I					
		Rosenberg, TX 77471				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	3)		
L						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/11 Rpt: 8/35 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Hull, Lacey M. (The Honorable) 00084135 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/17/2024 Grace & McEwan Consulting LLC Political Fund \$250.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/24/2024 \$1,000.00 Gulf States Toyota Inc. State Pac Contributor address; City; State; Zip Code Houston, TX 77077 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Hayes, Richard \$1,000.00 Contributor address; City; State; Zip Code Denton, TX 76201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hayes, Berry, White Vanzant, LLP lawyer Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 09/19/2024 Hillco PAC \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,000.00 09/24/2024 Home PAC- Greater Houston Builders Association Contributor address; City; State; Zip Code Houston, TX 77064 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/11 Rpt: 9/35 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Hull, Lacey M. (The Honorable) 00084135 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/09/2024 Home PAC- Greater Houston Builders Association \$1,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77064 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/16/2024 \$1,000.00 Houston Apartment Association PAC Contributor address; City; State; Zip Code Houston, TX 77041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/24/2024 Houston Fire Fighters PAC \$10,000.00 Contributor address; City; State; Zip Code Houston, TX 77009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2024 \$500.00 Houston Pilots PAC Contributor address; City; State; Zip Code Deer Park, TX 77536 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2024 IBC State Political Action Committee \$1,500.00 Contributor address; City; State; Zip Code San Antonio, TX 78205 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 10/35	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Hull, Lacey N	1. (The Honorable)				00084135	
4	Date	5 Full name of contributor out-of-state PA	C (ID#:	)	7	Amount of Contribution (\$)	
	08/21/2024	Johnston, John					\$5,000.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77077					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	unknown			unknown			
	Date	Full name of contributor out-of-state PA	C (ID#:	)		Amount of Contribution (\$)	
	08/05/2024	Lesikar, Woody					\$500.00
	Contributor address; City; State; Zip Code						
		Houston, TX 77094					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	[;)		
	Airport Mana			West Houston Airport	,		
	Date	Full name of contributor Out-of-state PA	C (ID#:	)		Amount of Contribution (\$)	
	09/04/2024	Matocha, Kevin					\$3,123.05
		Contributor address; City; State; Zip Code					
		Houston, TX 77057					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	real estate d			Stonehenge Holdings			
	Date	Full name of contributor X out-of-state PA	C (ID#: <u>F</u>	EC-1706518)		Amount of Contribution (\$)	<b>#</b> 4 000 00
	09/19/2024	Merck PAC					\$1,000.00
		Contributor address; City; State; Zip Code					
		Wahsington DC, DC 20004					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
F	Date	Full name of contributor out-of-state PA	C (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Moak Casey LLP					\$1,500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78746					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
					,		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 11/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		M. (The Honorable)		ľ	00084135	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/20/2024	Morris, Robert				\$260.25
		6 Contributor address; City; State; Zip Code				
		Southlake, TX 76092				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Freestanding	g ER Administrator	Complete Care			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	08/11/2024	Morton, Richard				\$26.03
		Houston, TX 77080				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	self	1	sales			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/11/2024	Morton, Richard			• •	\$26.03
		Contributor address; City; State; Zip Code				
		Houston, TX 77080				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	self	1	sales			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/11/2024	Munoz, Lindsay			······	\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77027				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	t Affairs	Whitmire Munoz LLC			
	Date	Full name of contributor Out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/12/2024	Nau, John				\$2,500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77019				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	retired		retired			
			<u>.</u>			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 12/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		I. (The Honorable)		ľ	00084135	5111 11013)
4	Date	5 Full name of contributor X out-of-state PAC (ID#: <u>F</u>	EC C0051354)	7	Amount of Contribution (\$)	
	09/24/2024	Phillips 66 PAC				\$1,000.66
		6 Contributor address; City; State; Zip Code		1		
		Washington, DC 20004				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/13/2024	Pipe Fitters Local Union 211				\$500.00
		Contributor address; City; State; Zip Code				
		Deer Park, TX 77538				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/19/2024	Political Action Committee of the Independent In				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78738				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/24/2024	Post Oak ER, PLLC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/05/2024	Private Providers Association of Texas				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78757				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	The Instru	ction Guide explains how to complete this f	form	n.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 13/35	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		M. (The Honorable)			-	00084135	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	:	)	7	Amount of Contribution (\$)	
	09/19/2024	Rose, Helen					\$100.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77096					
8	Principal occu	ipation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	unknown			unknown	)		
	Date	Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	09/19/2024	Southwest Airlines Co. Political Action Committe					\$1,000.00
	Contributor address; City; State; Zip Code						
		Dallas, TX 75235					
	Principal occu	upation / Job title (See Instructions)	1	Employer (See Instructions	)		
		, , , , , , , , , , , , , , , , , , , ,			,		
	Date	Full name of contributor out-of-state PAC (ID#:	:	)		Amount of Contribution (\$)	
	09/24/2024	TALAPAC					\$2,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78759					
	Principal occi	austin, 1X 78759		Employer (See Instructions	<u>۱</u>		
	T moipui coce.				,		
F	Date	Full name of contributor out-of-state PAC (ID#:_	:	)		Amount of Contribution (\$)	
	09/24/2024	TREPAC					\$2,500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
-	Principal occl	ipation / Job title (See Instructions)	1	Employer (See Instructions	)		
					,		
F	Date	Full name of contributor out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	09/19/2024	TREPAC					\$2,500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	)		
	i incipai occa				)		
┢─			<u> </u>				

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 14/35	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hull, Lacey I	M. (The Honorable)				00084135	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/21/2024	Taro PAC					\$250.00
		6 Contributor address; City; S			1		
		Houston, TX 77057					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/19/2024	Texans for Lawsuit Refor		/		/ who and or 2 cm	\$5,000.00
		Contributor address; City; S	-		ł		····
			uio, <u>-</u> .p 0001				
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Texas Association of Hea	alth Plans PAC				\$2,500.00
		Contributor address; City; S	itate; Zip Code		1		
		Austin, TX 78701	-				
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/12/2024	Texas Dental Association				· · · · · · · · · · · · · · · · · · ·	\$500.00
		Contributor address; City; S	state; Zip Code		•		
		Austin, TX 78704					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	09/23/2024	Tom Oliverson Campaign	1				\$5,000.00
		Contributor address; City; S	tate; Zip Code		1		
		Houston, TX 77046	-	- · · · · · · · · · · · · · · · · · · ·	Ĺ		
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		

—				1	Total pages Sabadula A1:	
	The Instruc	ction Guide explains how to complete this fo	orm.	т 	Total pages Schedule A1: Sch: 11/11 Rpt: 15/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hull, Lacey M	M. (The Honorable)			00084135	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/24/2024	Tom Ramsey Campaign				\$1,000.00
	I	6 Contributor address; City; State; Zip Code				
_	Dringinglogg	Houston, TX 77255	Employer (Cool Instructions	<u> </u>		
ŏ	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/11/2024	Trujillo, Marlen				\$260.25
	I	Contributor address; City; State; Zip Code				
		Houston, TX 77055				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
		care Executive	Spring Branch CHC	)		
-	Date			_	Amount of Contribution (\$)	
	Dale 09/19/2024	Full name of contributor out-of-state PAC (ID#: UnitedHealth Group PAC	)		Amount of Contribution (\$)	\$1,000.00
	00/10/202	Contributor address; City; State; Zip Code				Ψ1,000.00
		Contributor address, City, State, Zip Code				
		Houston, TX 77724				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/24/2024	University of Houston PAC				\$1,000.00
	I	Contributor address; City; State; Zip Code				
		Houston TV 77227				
┣—	Principal occu	Houston, TX 77227 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Ρπιτοιραί στου			)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/18/2024	Will Metcalf Campaign				\$3,000.00
	I	Contributor address; City; State; Zip Code				
		Conroe, TX 77305				
┝──	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Ρπιτυμαι στου			)		
-						

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 16/35				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
-	M. (The Honorable)		00084135				
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution contribution (\$) description				
09/22/2024	Dade Phelan Campaign		contribution (\$) description \$10,167.00 polling				
	7 Contributor address; City; State; Zip Code						
	Austin, TX 78763		Check if travel outside of Texas. Complete Schedule T.				
<b>10</b> 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	)	Amount of In-kind contribution				
09/10/2024		)	contribution (\$) description				
03/10/2024			\$10,167.00 polling				
	Contributor address; City; State; Zip Code						
	Austin, TX 78767						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Fincipal occi							
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	ributor'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 Out-of-state PAC (ID#:	)	Amount of In-kind contribution				
09/12/2024	Locke Lord LLP	)	contribution (\$) description				
	Contributor address; City; State; Zip Code		\$3,368.04 Luncheon Food and				
			Beverage expense				
	Houston, TX 77002		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
	· · · · · ·						
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)	1					

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 17/35				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	M. (The Honorable)		00084135				
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution				
09/12/2024	Locke Lord LLP		contribution (\$) description \$2,585.81 I Fundraiser fee and				
	7 Contributor address; City; State; Zip Code		expenses				
	Houston, TX 77002		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	R NON-JUDICIAL) (See instructions)				
		<b>10</b> Osutoikustaula iak titla					
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 i	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				
09/06/2024	Texans for Lawsuit Reform PAC	/	contribution (\$) description				
	Contributor address; City; State; Zip Code		\$10,166.00 polling				
	Austin, TX 78701		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)				
Contributorio							
Continuators	employer/law firm (FOR JUDICIAL)	Law IIIII of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event E Fees Food/B Gift/Aw nmittee Legal S	PENDITURE CATE Expense everage Expense ards/Memorials Expense ervices enstruction Guide expl	Loa Offic Poll Prin Sala	n Repayı ce Overh ing Expe iting Expe aries/Wag	ment/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis	
	Total pages Cabadula 51	1		•				1	Filer ID	(Ethics Commission Filoro)
	Total pages Schedule F1:	2		ha Llanarahla)				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/5 Rpt: 18/35		Hull, Lacey M. (T	ne Honorable)					00084135	
4	Date	5	Payee name							
	07/31/2024		Berry Communic	ations						
6	Amount (\$)	7	Payee address;	City; S	State; Zip	p Code	e			
	\$22,500.00		1005 Congress							
			Ste 460							
			Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categ	verice listed at the tap of th			) Description			
-	OF	(,	Consulting Exper		lis schedule)	, (		outs	ide of Texas. Corr	nplete Schedule T.
	EXPENDITURE						Check if Austir	ı, TX	, officeholder living	g expense
							coampaign c	ons	sulting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Office	e sough	nt		Office h	eld
	Date		Payee name							
	07/31/2024		Bird Bird Biscuit							
	Amount (\$)	$\vdash$	Payee address;	City; S	State; Zip	o Code	9			
	\$22.85		2701 Manor Rd							
			Austin, TX 78722							
	PURPOSE OF EXPENDITURE	(a)	Category (See Category Food/Beverage E		nis schedule)	) (1		ı, TX	ide of Texas. Com , officeholder living	nplete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officehold	ler name	Office	e sough	nt		Office h	eld
-	Date	Γ	Payee name							
	07/09/2024		Chase							
	Amount (\$)	┢	Payee address;	City; S	State; Zip	n Code	2			
	\$1,987.18		270 Park Avenue		Juic, 24	5 000	- -			
			New York, NY 10	017						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categ Credit Card Payn		nis schedule)	) (1		ı, TX	, officeholder living	nplete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Office	e sough	nt		Office h	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	C F ense F S	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID (Ethics Commission Filers	)
	Sch: 2/5 Rpt: 19/35	Ηι	III, Lacey M. (The Honorable	)				00084135	
4	Date 08/08/2024		yee name Jase						
6	Amount (\$)	<b>7</b> Pa	yee address; City;	State;	Zip Coc	e			
	\$6,965.72	27	0 Park Avenue w York, NY 10017	,					
8	PURPOSE	<b>(a)</b> Ca	tegory (See Categories listed at the to	p of this schedu	ule)	b) Description			
	OF EXPENDITURE		edit Card Payment		,		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense nent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Offi	ice soug	ht		Office held	
	Date	Pa	yee name						
	09/07/2024	Cł	ase						
	Amount (\$)	Pa	yee address; City;	State;	Zip Coc	e			
	\$3,677.34		0 Park Avenue w York, NY 10017						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the to edit Card Payment	p of this schedu	ule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense nent	
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	Offi	ice soug	ht		Office held	
	Date	Pa	yee name						
	09/20/2024		lase						
	Amount (\$) \$9,710.69		yee address; City; 0 Park Avenue	State; 2	Zip Coc	е			
		Ne	w York, NY 10017						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the to edit Card Payment	p of this schedu	ule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense nent	
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	Offi	ice soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reinbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	PILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 3/5 Rpt: 20/35	Hull, Lacey M. (The Honorable)	00084135					
4	Date 09/18/2024	Payee name Door Dash						
6	Amount (\$) \$128.88	Payee address; City; State; Zip Code 2207 W Roscoe Chicago, IL 60618						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense f					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/12/2024	Fankell, Emily						
	Amount (\$) \$424.44	Payee address; City; State; Zip Code 2300 Hancock Dr. Austin, TX 78756						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense eage reimbursement					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/07/2024	Greater Houston Republican Women						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 11007 Wortham Blvd						
		Houston, TX 77065						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ala donation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comr Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Fi	lers)	
	Sch: 4/5 Rpt: 21/35		Hull, Lacey	y M. (The Hono	rable)					00084135			
4	Date	5	Payee name	<del>j</del>									
	08/08/2024		John M. M	eyer Campaign	1								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de						
	\$2,000.00		417 Minter	St									
			Uvalde, TX	(78801									
8	PURPOSE	(a)	Category (	See Categories listed a	at the top of this sch	hedule)	(b) Desc	cription					
	OF EXPENDITURE		Contributio	ons/Donations N	Made By	ŕ	С	Check if travel			plete Schedule T.		
	EXPENDITORE		Candidate/	/Officeholder/Po	olitical Comm	nittee				officeholder living	g expense		
							cam	npaign do	nau	ion			
_	Complete ONLY if direct	Ľ	Condidata/Of	ficeholder name			la#			Office he	- 1-1		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF					Office sou	jht				eid		
	Date	Γ	Payee name	9									
	08/15/2024		McKinley,	Curtis									
	Amount (\$)	$\square$	Payee addre	ess; City;	State	; Zip Co	de						
	\$750.00	\$750.00 12755 Mill Ridge Dr.											
			Cypress, T	<sup>-</sup> X 77249									
	PURPOSE	(a)		See Categories listed a	at the top of this set	bodule)	(b) Desc	cription					
	OF EXPENDITURE			ages/Contract					outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITORE			0						officeholder living	living expense		
							cam	npaign lab	or				
	O mentete ONU V if direct	L	Constants/Of	" Ider nomo		24522.000	1- 4			Office by			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			ficeholder name		Office sou	jni 			Office he	eia		
	Date	Γ	Payee name	9									
	07/11/2024		Ryan Data	& Research									
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	Je						
	\$1,500.00		P.O. Box 2	202675									
			Austin, TX	78720-2675									
	PURPOSE	(a)	) Category (	See Categories listed a	at the top of this sch	hedule)	(b) Desc	cription					
	OF EXPENDITURE		Consulting								plete Schedule T.		
								Check if Austin		officeholder living	) expense		
							uuu		Եսւ				
_	Complete ONLY if direct	Ļ	Candidate/Of	ficeholder name	(	Office sou	nht			Office he	JH		
	expenditure to benefit C/OF		Januado, C.			Onice coa	jin			01100			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials ittee Legal Services The Instruction Ge	s Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	<b>2</b> F	LER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 22/35		ull, Lacey M. (The Honora	able)				00084135	`
4	Date 07/30/2024		ayee name /alker, Krysta						
6	Amount (\$)	<b>7</b> P	ayee address; City;	State:	; Zip Coc	e			
-	\$400.00	2!	5242 Dickens Dr. lagnolia, TX 77355	,	,	-			
8	PURPOSE		-			b) Decoription			
0	OF EXPENDITURE		ategory (See Categories listed at t alaries/Wages/Contract La		edule)		n, TX,	ide of Texas. Comp , officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld
	Date	P	ayee name						
	09/13/2024	N	/alker, Krysta						
	Amount (\$)	P	ayee address; City;	State;	; Zip Coc	e			
	\$400.00		5242 Dickens Dr. Iagnolia, TX 77355						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at t alaries/Wages/Contract La		edule)		n, TX,	ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld
	Date	P	ayee name						
	09/26/2024	N	/inred						
	Amount (\$) \$383.63	1 <sup>-</sup> S	ayee address; City; 776 Wilson Blvd. uite 530 rlington, VA 22219	State;	; Zip Coc	e			
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at t ccounting/Banking	he top of this sch	edule)			ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld

			ENDITURE CATEGORIE		.,				
	Advertising Expense Accounting/Banking	Event Exp Fees	Of	an Repayment/R fice Overhead/R	ental Expense Tra	licitation/Fundraising E ansportation Equipmen		Expense	
	Consulting Expense Contributions/ Donations Made By	- Gift/Award	s/Memorials Expense Pr	olling Expense inting Expense	Tr	avel in District avel Out of District		h )	
	Candidate/Officeholder/Politica	0	ruction Guide explains hov	alaries/Wages/Co		THER (enter a category	not listed a	bove)	
	Total pages Schedule F4:					3 Filer ID (Ethic	s Commiss	cion Eilers)	
	Sch: 1/12 Rpt: 23/35	Hull, Lacey M. (The	Honorable)			00084135	3 Commis	sion r liers)	
4			ncial institution			00004133			
4	CREDIT CARD ISSUER				IDITURES	\$	748.9	98	
		CI	lase	CHARO CARD	GED TO A CREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issue	Paid			
		\$50.77	07/01/2024	07/09/20	)24				
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				225 Vari	ck St.				
		SquareSpace Inc							
					k, NY 10014				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri					
		Advertising Expense	· · · · · · · · · · · · · · · · · · ·	web serv	lices				
	X Political								
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
		Candidate/Officeholder	name Offic	e sought		Office held			
e	xpenditure to benefit C/OH	(a) Amount Charged	(h) Data of Charge			Daid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 09/07/20	) Credit Card Issue )24	Palo			
		\$50.77	09/01/2024						
	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code	
				225 Varick St.					
		SquareSpace Inc							
				_	k, NY 10014				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•				
		Advertising Expense		web serv	lices				
	X Political								
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought		Office held			
	PAYMENT	(a) Amount Chargod	(b) Data of Chargo		) Credit Card Issue	Doid			
	PATMENT	(a) Amount Charged	(b) Date of Charge	09/07/20	•	Falu			
		\$2,500.00	09/01/2024						
⊢	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				1760 Wh				•	
		SoRivera Strategie	S						
				Houston	, TX 77009				
	PURPOSE OF	(a) Category		(b) Descri	ption				
	EXPENDITURE	(See Categories listed at the top Salaries/Wages/Cont	,	campaig	n labor				
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held			
e	xpenditure to benefit C/OH								

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Bev - Gift/Award	erage Expense F ds/Memorials Expense F	ES FOR BOX oan Repayment/R Office Overhead/Re Polling Expense Printing Expense Galaries/Wages/Co	Reimbursement So ental Expense Tra Tra Tra	licitation/Fundraising I ansportation Equipmer avel in District avel Out of District FHER (enter a categor	t & Related I	
		The Inst	truction Guide explains ho	w to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
	Sch: 2/12 Rpt: 24/35	Hull, Lacey M. (The	e Honorable)			00084135		
4	CREDIT CARD ISSUER		ncial institution previous	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	748.9	98
6	PAYMENT	(a) Amount Charged \$67.00	(b) Date of Charge 07/01/2024	(c) Date(s) 07/09/20	) Credit Card Issuer )24	r Paid		
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
				9021A R	uland Rd.			
		Storage Depot						
				Houston, TX 77055				
8	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top	,	storage u	unit			
	X Political	Office Overhead/Ren	ital Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholde	r name Off	ice sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issuer	r Paid		
		\$50.77	08/01/2024	08/08/20	)24			
	PAYEE	(a) Payee name SquareSpace Inc		(b) Payee 225 Varie		City,	State,	Zip Code
				New Yor	k, NY 10014			
	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top Advertising Expense	) of this schedule)	web serv	vices			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living exp	ense	
⊢	Complete ONLY if direct	Candidate/Officeholde	•	ice sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issuer	r Paid		
		\$10.83	08/01/2024	08/08/20	)24			
		+20.00						
⊢	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				10019 S	Interstate 35			
		Hill Country Spring	S					
				Austin, T	X 78747			
	PURPOSE OF	(a) Category		(b) Descri	ption			
EXPENDITURE         (See Categories listed at the top of this schedule)           Food/Beverage Expense         Food/Beverage Expense			office wa	ter delivery				
	Political							
	X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholde	r name Off	ice sought		Office held		
e	xpenditure to benefit C/OH							

					SCHEDULE F4
		ENDITURE CATEGOR			
Advertising Expense Accounting/Banking	Event Expe Fees		Loan Repayment/Reimbursement Office Overhead/Rental Expense		aising Expense juipment & Related Expense
Consulting Expense Contributions/ Donations Made By		rage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of Dist	rict
Candidate/Officeholder/Politica	I Committee Legal Serv	ices	Salaries/Wages/Contract Labor	OTHER (enter a	category not listed above)
	i	ruction Guide explains I	now to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 3/12 Rpt: 25/35	Hull, Lacey M. (The	Honorable)		0008413	5
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMI	ZED	740.00
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CR		748.98
			CARD		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	lssuer Paid	
	\$24.82	07/01/2024	07/09/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code
			10019 S Interstate 3	5	
	Hill Country Springs	5			
			Austin, TX 78747		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top		office water delivery		
Political	Food/Beverage Expe	156			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Diffice sought	Office he	ld
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	lssuer Paid	
	\$63.96	07/06/2024	07/09/2024		
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State, Zip Code
			677 Ponce de Leon A	Ave NE	
	Mailchimp				
			Atlanta, GA 30308		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	newsletter		
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder liv	ing expense
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office he	ld
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	lssuer Paid	
	\$3.00	08/01/2024	08/08/2024		
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State, Zip Code
			182 Howard Street		
	Uber		Suite 8		
			San Francisco, CA 9	4105	
PURPOSE OF	(a) Category		(b) Description		
	(See Categories listed at the top Travel Out of District	or this schedule)	transportation tip fror	n ALEC	
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office he	ld
expenditure to benefit C/OH					

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Award	rage Expense Po s/Memorials Expense Pri	S FOR BOX an Repayment/Re fice Overhead/Re lling Expense nting Expense laries/Wages/Cor	eimbursement So ntal Expense Tr Tr Tr	olicitation/Fundraising E ansportation Equipmer avel in District avel Out of District THER (enter a category	t & Related I	
	The Inst	ruction Guide explains how	to complete t	this form.			
<b>1</b> Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 4/12 Rpt: 26/35	Hull, Lacey M. (The	e Honorable)			00084135		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	748.9	8
6 PAYMENT	(a) Amount Charged \$65.99	(b) Date of Charge 08/01/2024	(c) Date(s) 08/08/20	Credit Card Issue 24	r Paid		
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Storage Depot		9021A Ri	uland Rd.			
			Houston,	TX 77055			
8 PURPOSE OF	(a) Category (See Categories listed at the top		(b) Descrip				
EXPENDITURE	Office Overhead/Rent	,	storage u	init			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$5,208.65	08/01/2024	08/08/20	24			
PAYEE	(a) Payee name Texans for Medical	Freedom	(b) Payee PO Box 1 Arlington TX, TX 70	175272	City,	State,	Zip Code
PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio Candidate/Officehold		sponsors	hip donation			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$65.99	09/01/2024	09/07/20				
PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
	Storage Depot		9021A R				
			-	TX 77055			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Office Overhead/Rent		storage u	mmt			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	-	Check if Austin, TX,	officeholder living expe	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

		EXP	ENDITURE CATEGORIE	S FOR BOX	10(a)			
	Advertising Expense Accounting/Banking	Event Exp Fees		oan Repayment/Re Office Overhead/Re		licitation/Fundraising E ansportation Equipmer		Expense
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense P	olling Expense	Tra	avel in District avel Out of District		
	Candidate/Officeholder/Politica			alaries/Wages/Cor		THER (enter a category	/ not listed al	bove)
		The Inst	ruction Guide explains ho	w to complete t	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 5/12 Rpt: 27/35	Hull, Lacey M. (The	e Honorable)			00084135		
4	CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED	•	740.0	20
	ISSUER	see p	revious		DITURES ED TO A CREDIT	\$	748.9	18
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	-	Credit Card Issue	l r Paid		
		\$193.57	09/05/2024	09/07/20	24			
		<b>\$133.57</b>	00/00/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				7750 Wis	consin Ave	-		•
		Marriot						
				Bethesda	i, MD 20814			
8	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	lodging ir	n Austin			
	Political							
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		X Check if Austin, TX,	officeholder living expe	ense	
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Offi	ce sought		Office held		
e	xpenditure to benefit C/OH							
Γ	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
		\$52.00	08/01/2024	08/08/20	24			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Cupross Dopublica	20					
		Cypress Republica	115					
					TX 77433			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Fees		event fee				
	X Political							
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	r name Offi	ce sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 08/08/20	Credit Card Issue	r Paid		
		\$63.96	08/06/2024	00/00/20	<u> </u>			
	DAVEE			(1) -		<b></b>		
	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Mailchimp		677 Pond	e de Leon Ave N	NE		
				Atlanta (	00000			
-	PURPOSE OF	(a) Category		Atlanta, C				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	newslette				
	X Political	Advertising Expense			-			
	Non-Political		47.000					
⊢		(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought	Check if Austin, TX,	officeholder living expe	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Onicenolder	liane On	ce souyill				
Ľ		1						

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursem Office Overhead/Rental Exper		licitation/Fundraising ansportation Equipme		Exnense
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Tra	avel in District avel Out of District		Expense
	Candidate/Officeholder/Politica			Salaries/Wages/Contract Labo		HER (enter a catego	ry not listed at	bove)
		The Inst	ruction Guide explains	how to complete this form	ı.	-		
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 6/12 Rpt: 28/35	Hull, Lacey M. (The	e Honorable)			00084135		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNI		•	740.0	20
	ISSUER	see p	revious	EXPENDITURE CHARGED TO	-	\$	748.9	98
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
		\$63.96	09/06/2024	09/07/2024				
7	PAYEE	(a) Payee name		(b) Payee address	;	City,	State,	Zip Code
				677 Ponce de Lo	eon Ave N	IE		
		Mailchimp						
				Atlanta, GA 303	08			
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	newsletter				
	X Political	Advertising Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Checl	k if Austin, TX, d	officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	r name C	Dffice sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
		\$1,252.81	09/11/2024	09/20/2024				
	PAYEE	(a) Payee name		(b) Payee address	;	City,	State,	Zip Code
				6616 Deihl Rd				
		Uz Marketing						
				Houston, TX 770	092			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	promotional item	าร			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Checl	k if Austin, TX, d	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Dffice sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
		\$113.05	09/15/2024	09/20/2024				
	PAYEE	(a) Payee name		(b) Payee address	;	City,	State,	Zip Code
				2 Jericho Plaza				
		1-800 Flowers						
				Jericho, NY 117	53			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	,	thank you gift				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Checl	k if Austin, TX, o	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder		Dffice sought		Office held		
е	xpenditure to benefit C/OH							
_		·						

Advertising Expense	Event Ex	PENDITURE CATEGOR	Loan Repayment/R	eimbursement Sc	blicitation/Fundraising E		
Accounting/Banking Consulting Expense		verage Expense	Office Overhead/Re Polling Expense	Tr	ansportation Equipmen avel in District	t & Related I	Expense
Contributions/ Donations Made By Candidate/Officeholder/Politica		ds/Memorials Expense rvices	Printing Expense Salaries/Wages/Co		avel Out of District THER (enter a category	not listed at	oove)
	The Ins	truction Guide explains I	how to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 7/12 Rpt: 29/35	Hull, Lacey M. (Th	e Honorable)			00084135		
4 CREDIT CARD	Name of fina	ancial institution		OF UNITEMIZED	¢	740 0	0
ISSUER	see p	previous		IDITURES GED TO A CREDIT	\$	748.9	78
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	., .,	) Credit Card Issue	r Paid		
	\$537.50	09/16/2024	09/20/20	124			
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			PO Box :	1698			
	Cy-Fair Education	al Foundation					
			Houston	TX 77410			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	n of this schodulo)	(b) Descri				
	Contributions/Donati	. ,	Salute to	Heroes gala spo	onsorship		
X Political	Candidate/Officehold	ler/Political Committe	ee				
Non-Political		e of Texas. Complete Schedule		Check if Austin, TX,	officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholde	er name C	Office sought		Office held		
expenditure to benefit C/OH					. Deid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 09/20/20	) Credit Card Issue 24	r Paid		
	\$80.00	09/18/2024	00/20/20				
PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Village Republicar	Women	PO Box	79924			
	village Republical	r women					
				, TX 77279			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	p of this schedule)	(b) Descrij luncheor				
Political	Fees		luncheor				
X Non-Political		(7 0 1 0 1 1			<i>20</i>		
Complete <u>ONLY</u> if direct	(c) Check if travel outside	e of Texas. Complete Schedule	office sought	Check if Austin, TX,	officeholder living expe	ense	
expenditure to benefit C/OH	Candidate/Oniceriolae		Shiec Sought		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	r Paid		
	\$641.29	09/18/2024	09/20/20				
	Ψ041.23	03/10/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				search Blvd			
	Creative & Fast LL	.C					
			Austin, T				
PURPOSE OF	(a) Category (See Categories listed at the to	n of this schodulo)	(b) Descri				
	Advertising Expense	. ,	promotio	nal items			
X Political							
Non-Political		e of Texas. Complete Schedule		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholde	er name C	Office sought		Office held		
expenditure to benefit C/OH							

		EXP	ENDITURE CATEGOR	RIES FOR BOX	10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Tr Tr Tr	blicitation/Fundraising B ansportation Equipmer avel in District avel Out of District THER (enter a categor	nt & Related I	
		The Inst	ruction Guide explains I	how to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
	Sch: 8/12 Rpt: 30/35	Hull, Lacey M. (The	e Honorable)			00084135		
4		Name of fina	ncial institution		OF UNITEMIZED	¢	748.9	10
	ISSUER	see p	revious		GED TO A CREDIT	<b></b>	740.3	0
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
		\$199.67	08/27/2024	09/07/20	24			
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Marriot		7750 Wis	sconsin Ave			
		Marrier		Dathard				
8	PURPOSE OF	(a) Category		(b) Descri	a, MD 20814			
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	lodging i				
	X Political	Travel Out of District						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	X Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
		\$45.00	09/07/2024	09/07/20	24			
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Small People CDC		2427 Ha	cintas Way			
				Llauatan	TV 77070			
⊢	PURPOSE OF	(a) Category		(b) Descri	TX 77073			
	EXPENDITURE	(See Categories listed at the top		childcare				
	Political	Opinion 547 expense						
	X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH		1					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$315.00	09/24/2024					
	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Small People CDC		2427 Ha	cintas Way			
				Houston	TX 77073			
⊢	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top		childcare				
	Political	Opinion 547 expense						
	X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH							

				SCHEDULE F4	
	EXPE	NDITURE CATEGOR	RIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Awards	rage Expense s/Memorials Expense ices	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)	
	I ne insti	ruction Guide explains r	now to complete this form.		
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	.)
Sch: 9/12 Rpt: 31/35	Hull, Lacey M. (The	Honorable)		00084135	
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZ	ED	
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CRE CARD	EDIT \$ 748.98	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid	
	\$44.81	09/03/2024	09/07/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod	de
			10019 S Interstate 35		
	Hill Country Springs	6			
			Austin, TX 78747		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top	of this schedule)	office water delivery		
	Food/Beverage Expe	nse			
Political					
X Non-Political		of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged \$27.50	(b) Date of Charge 09/05/2024	(c) Date(s) Credit Card Is 09/07/2024	suer Paid	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Coo	de
			1455 Market St.	, <u></u>	
	Uber		1400 Market Ot.		
			San Francisco, CA 94	102	
PURPOSE OF	(a) Category		(b) Description	103	
EXPENDITURE	(See Categories listed at the top	of this schedule)	transportation in Austi	n	
Delitical	Travel Out of District				
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid	
	\$202.50	09/10/2024	09/20/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod	de
			2427 Hacintas Way		
	Small People CDC				
			Houston, TX 77073		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top	of this schedule)	childcare		
Relition	Opinion 547 expense				
Political					
X Non-Political		of Texas. Complete Schedule		n, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held	
expenditure to benefit C/OH					

		EXP	ENDITURE CATEGORIE	S FOR BOX	10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By		erage Expense P	oan Repayment/R ffice Overhead/Re olling Expense rinting Expense	ental Expense Tra Tra	licitation/Fundraising E ansportation Equipmer avel in District avel Out of District		Expense
	Candidate/Officeholder/Politica	I Committee Legal Serv	vices S	alaries/Wages/Co		THER (enter a category	y not listed al	oove)
Ļ			ruction Guide explains how	v to complete	this form.			
1	Total pages Schedule F4:					3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 10/12 Rpt: 32/35	Hull, Lacey M. (The	•			00084135		
4	CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED	\$	748.9	98
	ISSUER	see p	revious	CHARO CARD	GED TO A CREDIT		140.0	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
		\$3,301.44	09/11/2024	09/20/20	24			
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		L I Mariliatian		6616 Dei	ihl Rd			
		Uz Marketing						
					TX 77092			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri				
		Advertising Expense		yard sign	is and t-shirts			
	X Political							
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholde	r name Offic	ce sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuei	r Paid		
		\$440.00	09/14/2024	03/20/20	27			
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Creative & Feat LL	<u> </u>	8120 Re	search Blvd			
		Creative & Fast LL	C					
				Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri				
		Advertising Expense		promotio	nalitems			
	X Political							
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	r name Offic	ce sought		Office held		
e		(a) Amount Chargod	(b) Data of Chargo		Cradit Card Issue	Doid		
	PATMENT	(a) Amount Charged	(b) Date of Charge	09/20/20	) Credit Card Issuei 24	Palu		
		\$120.00	09/20/2024					
-	PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code
		(u) r uječ name		110 Kipp		ony,	otato,	2.0 0000
		Canva		110 1000				
				NSW 202	10 Australia			
	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	subscript	ion			
	X Political	Advertising Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ce sought	<u> </u>	Office held		
е	xpenditure to benefit C/OH							

	A durantizione Ermanna			ENDITURE CATEGOR		()	lisitation (Europaciainen E		
	Advertising Expense Accounting/Banking Consulting Expense		Event Expe Fees Food/Beve	ense Prage Expense	Loan Repayment/R Office Overhead/R Polling Expense	ental Expense Tra	blicitation/Fundraising E ansportation Equipmen avel in District		Expense
	Contributions/ Donations Made By Candidate/Officeholder/Politica	-		s/Memorials Expense	Printing Expense Salaries/Wages/Co	Tra	avel Out of District THER (enter a category	not listed al	oove)
			The Inst	ruction Guide explains h	ow to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 11/12 Rpt: 33/35	Hull, Lacey	M. (The	e Honorable)			00084135		
4	CREDIT CARD	Name	e of finaı	ncial institution		OF UNITEMIZED	\$	748.9	98
	ISSUER		see pi	revious		GED TO A CREDIT	Ŷ	140.0	
6	PAYMENT	(a) Amount Char	rged	(b) Date of Charge	(c) Date(s 09/20/20	) Credit Card Issue	r Paid		
		\$128.88		09/17/2024	09/20/20	)24			
7	PAYEE	(a) Payee name		•	(b) Payee	address;	City,	State,	Zip Code
		Door Dash			2207 W	Roscoe			
					Chicago	IL 60618			
8	PURPOSE OF	(a) Category			(b) Descri				
	EXPENDITURE	(See Categories listed		,	meal with	n staff			
	Political	Food/Beverag	e Exhei	lise					
	X Non-Political	(C) Check if trav	el outside	of Texas. Complete Schedule	T.	Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Offic	ceholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH						Dele		
	PAYMENT	(a) Amount Char	0	(b) Date of Charge	(c) Date(s) 09/20/20	) Credit Card Issue 124	r Pald		
		\$2,500.00	)	09/20/2024					
	PAYEE	(a) Payee name			(b) Payee	address;	City,	State,	Zip Code
		Duan Data 9		arob	P.O. Box	202675			
		Ryan Data &	k Resea	arch					
		(a) Catagony			Austin, T (b) Descri	X 78720-2675			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed	I at the top	of this schedule)	( )	research			
	X Political	Polling Expense	se						
	Non-Political	(C) Check if trav	/el outside	of Texas. Complete Schedule	 Т.	Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Offic	ceholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Char	rged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	r Paid		
		\$600.00		09/26/2024					
	PAYEE	(a) Payee name		1	(b) Payee	address;	City,	State,	Zip Code
					1421 Pri	nce St.			
		Advantage				:- TV 0001 (			
⊢	PURPOSE OF	(a) Category			Alexandr (b) Descri	ria, TX 22314			
	EXPENDITURE	(See Categories listed		of this schedule)	blockwal				
	X Political	Polling Expense	se			U FF			
	Non-Political	(C) Check if trav	/el outside	of Texas. Complete Schedule	<u> </u>	Check if Austin, TX,	officeholder living expe	ense	
	Complete <u>ONLY</u> if direct	Candidate/Offic	ceholder	name O	ffice sought	<u> </u>	Office held		
e	xpenditure to benefit C/OH								

		EXPE	NDITURE CATEGOR	RIES FOR BOX 10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Awards	ense rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of Distr	uipment & Related I	
		The Instr	ruction Guide explains l	how to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commiss	ion Filers)
	Sch: 12/12 Rpt: 34/35	Hull, Lacey M. (The	Honorable)		00084135	5	
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$	748.9	18
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
		\$35.72	09/05/2024	09/07/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				2207 W Roscoe			
		Door Dash					
				Chicago, IL 60618			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		meal with staff			
	Political		130				
	X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austi	in, TX, officeholder livir	ng expense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office hel	d	
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
		\$114.62	07/12/2024	08/08/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				2207 W Roscoe			
		Door Dash					
				Chicago, IL 60618			
	PURPOSE OF	(a) Category		(b) Description			
		(See Categories listed at the top Food/Beverage Exper	,	meal with staff			
	Political	5 1					
	X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austi	in, TX, officeholder livir	ng expense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office hel	d	
e	xpenditure to benefit C/OH						

SCHEDULE I

Sch: 1/1 Rpt:       Hull, Lacey M. (The Honorable)       00084135         Date       5       Payee name       07/19/2024         Amount (\$)       7       Payee Address:       City; State; Zip         515.24       750 Widerop Ln       Friendswood, TX 77546-3176       (b) Description         PURPOSE       G       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information rec         OF       Contributions/Donations Made By       Contributions/Donations Made By       (See instructions regarding type of information rec         Of       Payee name       Lovingly Flower Delivery       (b) Description       (See instructions regarding type of information rec         09/26/2024       Payee Address;       City; State; Zip       (See instructions regarding type of information rec         09/26/2024       Payee name       20 Corporate Park Dr       (See instructions regarding type of information rec         09/26/2024       Giff/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information rec         09/24/2024       Spring Branch Education Foundation       get well gift       (See instructions regarding type of information rec         09/24/2024       Spring Branch Education Foundation       Houston, TX 77024       (b) Description       (See instruct	Sch: 1/1 Rpt:       5         Date       5         07/19/2024       7         Amount (\$)       7         515.24       8         PURPOSE       (a)         OF       (a)	Hull, Lacey M. (The Honorable) Payee name At His Feet Ministries Payee Address; City; State; Zip 4750 Widerop Ln Friendswood, TX 77546-3176	
07/19/2024       At His Feet Ministries         Amount (\$)       7       Payee Address;       City; State; Zip         515.24       Friendswood, TX 77546-3176         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information record donation         OF       Contributions/Donations Made By       (Contributions/Donations Made By       (b) Description       (See instructions regarding type of information record donation         Date       Payee name       Lovingly Flower Delivery       (b) Description       (See instructions regarding type of information record donation         178.53       Payee Address;       City; State; Zip       (See instructions regarding type of information record donation         PURPOSE       OF       Contributions, NY 12533       (See instructions regarding type of information record donation         Date       OP       Gift/Awards/Memorials Expense       (See instructions regarding type of information record donation         Date       OP       Payee name       OP/24/2024       Spring Branch Education Foundation         Amount (\$)       Payee Address;       City; State; Zip       (See instructions regarding type of information record donation         Soring Branch Education Foundation       Houston, TX 77024       Houston, TX 77024       (D) Description (See instruct	07/19/2024 7 Amount (\$) 7 515.24 (a) PURPOSE (a)	At His Feet Ministries Payee Address; City; State; Zip 4750 Widerop Ln Friendswood, TX 77546-3176	
515.24       4750 Widerop Ln         Friendswood, TX 77546-3176       Friendswood, TX 77546-3176         (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information reconstructions regarding type of information reconstructions / donation         Date       Payee name       Lovingly Flower Delivery         Amount (\$)       Payee Address;       City; State; Zip         178.53       20 Corporate Park Dr         Hopewell Junction , NY 12533       Hopewell Junction , NY 12533         PURPOSE       Git/Awards/Memorials Expense         09/24/2024       Spring Branch Education Foundation         Amount (\$)       Payee Address;       City; State; Zip         330.00       955 Campbell Rd.       Houston, TX 77024         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information reconstructions regarding type of information reconstructions         09/24/2024       Spring Branch Education Foundation       See instructions regarding type of information reconstructions         Amount (\$)       Payee Address;       City; State; Zip       See instructions regarding type of information reconstructions         09/24/2024       Spring Branch Education Foundation       Houston, TX 77024       Sechool supply drive donation	515.24 PURPOSE (a) OF	4750 Widerop Ln Friendswood, TX 77546-3176	
PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description donation       (See instructions regarding type of information rec donation         Date       Payee name       Lovingly Flower Delivery       Amount (\$)       Payee Address; City; State; Zip       20 Corporate Park Dr         178.53       PurPose OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Off/Awards/Memorials Expense       (b) Description get well gift       (See instructions regarding type of information rec get well gift         Date       Payee name       Og/24/2024       Spring Branch Education Foundation         Amount (\$)       Payee name       (b) Description       (See instructions regarding type of information rec get well gift         Date       Payee name       (b) Description       (See instructions regarding type of information rec get well gift         Mount (\$)       Payee name       (See instructions regarding type of information         330.00       Payee Address;       City; State; Zip         330.00       Payee (address;       City; State; Zip         OF       (a) Category (See instructions for examples of acceptable categories) (b) Description       (See instructions regarding type of information rec contributions/Donations Made By	OF		
OF EXPENDITURE       Contributions/Donations Made By Candidate/Officeholder/Political Committee       donation         Date       Payee name       Lovingly Flower Delivery         Amount (\$)       Payee Address; City; State; Zip       20 Corporate Park Dr         178.53       20 Corporate Park Dr       Hopewell Junction , NY 12533         PURPOSE       Off/Awards/Memorials Expense       (b) Description (See instructions regarding type of information records of acceptable categories)         Date       Payee name         09/24/2024       Spring Branch Education Foundation         Amount (\$)       Payee Address; City; State; Zip         330.00       955 Campbell Rd.         Houston, TX 77024       Houston, TX 77024         PURPOSE       (a) Category (See instructors for examples of acceptable categories)         Ob Description (See instructions regarding type of information records of acceptable categories)         Amount (\$)       Payee name         09/24/2024       Spring Branch Education Foundation         Amount (\$)       Payee Address; City; State; Zip         330.00       955 Campbell Rd.         Houston, TX 77024       (b) Description (See instructions regarding type of information records of acceptable categories)         OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions	OF		Description (See instructions regarding type of information required
09/26/2024       Lovingly Flower Delivery         Amount (\$)       Payee Address; City; State; Zip         178.53       20 Corporate Park Dr         Hopewell Junction , NY 12533       Hopewell Junction , NY 12533         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE       (b) Description (See instructions regarding type of information records of acceptable categories)         Date       Payee name         09/24/2024       Spring Branch Education Foundation         Amount (\$)       Payee Address; City; State; Zip         330.00       955 Campbell Rd.         Houston, TX 77024       (b) Description (See instructions regarding type of information records of acceptable categories)         PURPOSE OF Contributions/Donations Made By       (b) Description (See instructions regarding type of information records of acceptable categories)		Contributions/Donations Made By	
178.53       20 Corporate Park Dr         Hopewell Junction , NY 12533         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description get well gift       (See instructions regarding type of information red get well gift         Date 09/24/2024       Payee name         09/24/2024       Spring Branch Education Foundation         Amount (\$) 330.00       Payee Address;       City; State; Zip         955 Campbell Rd.       Houston, TX 77024         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By       (b) Description (See instructions regarding type of information red school supply drive donation		•	
PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description get well gift       (See instructions regarding type of information red get well gift         Date       Payee name       Payee name       9/24/2024       Spring Branch Education Foundation         Amount (\$)       Payee Address;       City; State; Zip       955 Campbell Rd.         330.00       Houston, TX 77024       Houston, TX 77024         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By       (b) Description       (See instructions regarding type of information red school Supply drive donation		20 Corporate Park Dr	
09/24/2024       Spring Branch Education Foundation         Amount (\$)       Payee Address;       City; State; Zip         330.00       955 Campbell Rd.         Houston, TX 77024       Houston, TX 77024         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By       (b) Description (See instructions regarding type of information red school supply drive donation	OF	) Category (See instructions for examples of acceptable categories) (b)	
330.00     955 Campbell Rd.       Houston, TX 77024       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By     (b) Description (See instructions regarding type of information regarding type of informating type of information regarding type			
PURPOSE OF (a) Category (See instructions for examples of acceptable categories) OF Contributions/Donations Made By School supply drive donation			
OF Contributions/Donations Made By school supply drive donation			
EXPENDITURE Candidate/Officeholder/Political Committee			) Description (See instructions regarding type of information required. school supply drive donation