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 0008413		 Total pages fil 4 	ed: 6
3	CANDIDATE /	MS / MRS / MR	FIRST	•	MI		JSE ONLY
	OFFICEHOLDER	The Honorable	Lacey M.				
	NAME					Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	10/28/2024	
			Hull				
L				T \/.	710 0005	Date Hand-delivered o	r Data Dactmarked
	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT/SUITE#; CI	ΙΥ;	ZIP CODE	Date Hand-delivered o	i Date Postillarkeu
	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		
	TREASURER				IVII		
	NAME	Mrs.	Elizabeth				
		NICKNAME	LAST		SUFFIX		
		Buffie	Ingersoll				
6	CAMPAIGN	STREET ADDRESS (NC	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
	TREASURER	9 Rollingwood Dr					
	ADDRESS						
	(Residence or Business)	11					
		Houston, TX 77080					
7	CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
	TREASURER	(713) 446-6426		Extremolott			
	PHONE	(713) 440-0420					
8	REPORT						
°	TYPE	January 15	30th day befor		Runoff	15th day after ca	mnaign treasurer
						appointment (office	
		July 15	X 8th day before	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
					reporting limit	-	
9	PERIOD	Month Day Ye	ar		Month Day	Year	
	COVERED	09/27/2024	Т	HROUGH	10/26/2024	4	
10	ELECTION	ELECTION DAT			ELECTION TYPE		
				Primary	Runoff	Other	
		11/05/2024					
				General	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
		State Representative	District 138		State Representa	ative District 138	
1							
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1			60	TO PAGE 2			
L							
For	ms provided by Te	exas Ethics Commission	www.e	thics.state.tx.ι	IS	Versi	on V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 46

13 C / OH NAME	Hull, Lacey M. (The H	lonorable)	14 Filer ID 00084135	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	oolitical contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
		8000 Centre Park Dr		
		Ste 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		James, Shaw		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
		4545 Corazon Cv		
		Round Rock, TX 78761		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH. ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 902,829.66
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 831.35
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 707,820.65
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 283,698.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	•			•
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required t	
		The Ho	onorable Lacey M. Hul	I
		Signature	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	this the	day
		ertify which, witness my hand and seal of office.	,	
Signature of offic	cer administering	Printed name of officer administering	Title of office	r administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH

Page 3 of 46

C / OH NAME	Hull, Lacey M. (The H	lonorable)	Filer ID 00084135	(Ethics Commission Filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures					
	COMMITTEE TYPE	COMMITTEE NAME				
	X GENERAL	TREPAC				
		COMMITTEE ADDRESS				
	SPECIFIC	PO Box 2246				
		Austin, TX 78768				
		COMMITTEE CAMPAIGN TREASURER NAME				
		Cantu, Leslie				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
		PO Box 2246				
		Austin, TX 78768				
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have t	of political expenditures by political committees to sub been made without the candidate's or officeholder's d to report this information only if they receive notice	knowledge or co	onsent. Candidates and		
	COMMITTEE TYPE	COMMITTEE NAME				
	X GENERAL	Charter Schools Now PAC				
		COMMITTEE ADDRESS				
	SPECIFIC	3005 S Lamar Blvd				
		Austin, TX 78704				
		COMMITTEE CAMPAIGN TREASURER NAME				
		Gore, Rex				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
		1301 W Oltorf				
		Austin, TX 78704				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 4 of 46 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. \$ 750,227.65 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 152,602.01 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 692,523.57 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 17,010.84 \$ 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 25.75 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

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	The Instru	ction Guide explains how t	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 5/46	
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 (\$)	
	10/25/2024	AT&T Texas PAC	-				\$2,500.00
		6 Contributor address; City; Stat	te; Zip Code		1		
	Drizoinal agai	Austin, TX 78701		2 Employer (Cool Instructions			
8	Principal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions	5) 		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/25/2024	American Pharmacy, Inc, G					\$500.00
		Contributor address; City; Stat			1		
		Corpus Christi, TX 78401			L		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
_					—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	±=
	10/25/2024	Austin Firefighters Associat					\$2,000.00
		Contributor address; City; Stat	te; Zip Code				
		Austin, TX 78752					
	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	<u>ال</u>		
	T molpar out				<i>''</i>		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/11/2024	Bell, Keith	-				\$1,000.00
		Contributor address; City; Stat	te; Zip Code		1		
			-				
		Forney, TX 75126					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	self			Intex			
	Date	-	X out-of-state PAC (ID#: F	EC COO33446)	Γ	Amount of Contribution (\$)	
	10/25/2024	BrightSpring Legacy Fund					\$2,500.00
		Contributor address; City; Stat	te; Zip Code				
	Dringing opp	Louisville, KY 40222	r	Erectories (Cool Instructions			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	3)		
<u> </u>			l				

SCHEDULE	A1
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The Inst	ruction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 6/46			
2 FILER NAM	ΛE		3	Filer ID (Ethics Commissio	on Filers)		
Hull, Lace	y M. (The Honorable)			00084135			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)			
10/18/202					\$260.25		
	6 Contributor address; City; State; Zip Code						
	Houston, TX 77024						
-	ccupation / Job title (See Instructions)	9 Employer (See Instructions	s)				
Controller		Alsoft					
Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)			
10/25/202	· · · · · · · · · · · · · · · · · · ·				\$250.00		
	Contributor address; City; State; Zip Code		1				
	Austin, TX 78768						
	ccupation / Job title (See Instructions)	Employer (See Instructions	s)				
consultan	<u></u>	self					
Date	Full name of contributor X out-of-state PAC (ID#:	FEC COO38481)	Γ	Amount of Contribution (\$)			
10/25/202	4 CVS Health PAC				\$2,500.00		
	Contributor address; City; State; Zip Code		1				
D incircles	Washington, DC 20004		Ĺ				
Principal of	ccupation / Job title (See Instructions)	Employer (See Instructions	S)				
		<u> </u>	_				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷100.00		
10/15/202	-				\$100.00		
	Contributor address; City; State; Zip Code						
	Houston, TX 77064						
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions	e)				
Admin		Canal Rx	5)				
-			Т	Amount of Contribution (\$)			
Date 10/06/202	Full name of contributor out-of-state PAC (ID#:4 Cate, Randall and Lisa)		Amount of Contribution (\$)	\$1,000.00		
10/00/202					Φ1,000.00		
	Contributor address; City; State; Zip Code						
	Horseshoe Bay, TX 78657						
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)				
retired		retired	,				

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages S Sch: 3/19 Rp		
2 FILER NAME	И. (The Honorable)		3 Filer ID (Eth 00084135		on Filers)
-					
4 Date 10/21/2024	5 Full name of contributor out-of-state PAC (ID#: Charter Schools Now PAC)	7 Amount of Co	ntribution (\$)	ቀ1 በበብ በበ
10/21/2024	Charter Schools Now PAC				\$1,000.00
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78701				
8 Principal occuj	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date	Full name of contributor X out-of-state PAC (ID#:	FEC COOO3500)	Amount of Co	ntribution (\$)	
10/25/2024	Chevron Employees PAC				\$1,000.00
	Contributor address; City; State; Zip Code				
	San Ramon, CA 94583				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Co	ntribution (\$)	
10/23/2024	Cody Vasut Campaign	,	/ 1100.11 01 2 2	11110011011 (4)	\$2,500.00
10/20/202	Contributor address; City; State; Zip Code				¥2,000.02
	Angleton, TX 77516				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor X out-of-state PAC (ID#:	FEC C0024871)	Amount of Co	ntribution (\$)	
10/25/2024	Comcast Corporation & NBCUniversal PAC				\$500.00
	Contributor address; City; State; Zip Code				
	Philadelphia, PA 19103				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor X out-of-state PAC (ID#:	FEC COO11289)	Amount of Co	ntribution (\$)	
10/25/2024	ConocoPhillips SPIRIT PAC	,	-		\$500.00
	Contributor address; City; State; Zip Code				
	Bartletsville, OK 74004				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
			/		
		1			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/19 Rpt: 8/46
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Hull, Lacey M	M. (The Honorable)			00084135
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)
	09/30/2024	Curry, Pat			\$500.00
	-	6 Contributor address; City; State; Zip Code	,	1	
		Waco, TX 76712			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	CEO		PJC Investments		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	10/02/2024	Dade Phelan Campaign			\$75,000.00
		Contributor address; City; State; Zip Code		1	
		Austin, TX 78763			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/18/2024	Dade Phelan Campaign			\$25,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78763			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/30/2024	David L. Cook Campaign			\$1,105.24
		Contributor address; City; State; Zip Code		1	
		Mansfield, TX 76083			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/24/2024	Deason , Darwin			\$5,000.00
		Contributor address; City; State; Zip Code			
\vdash	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dallas, TX 75219		Ĺ	
		ipation / Job title (See Instructions)	Employer (See Instructions	5)	
	Retired		Retired		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 9/46	
2	FILER NAME			3	Filer ID (Ethics Commission	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 (\$)	
	10/17/2024	Deason, Doug				\$2,000.00
	I	6 Contributor address; City; State; Zip Code		1		
		1				
		Dallas, TX 75229				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)			
	President		Deason Capital Services	s		
	Date	Full name of contributor X out-of-state PAC (ID#: FI	EC COO78229)	Γ	Amount of Contribution (\$)	
	10/15/2024	DentaQuest PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Boston, MA 02129				
┝─	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	²⁾		
	Гинора осса			<i>>)</i>		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	10/25/2024		,		/ inount of contaisenton (+)	\$1,000.00
		Contributor address; City; State; Zip Code		ł		
		1				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
				. 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷=00 =4
	10/16/2024	Ellmer, Mindy				\$520.51
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	 3)		
	consultant		self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/02/2024	Family Empowerment Coalition PAC				\$10,000.00
	l	Contributor address; City; State; Zip Code		1		
		1				
		1				
		Austin, TX 78734				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
\vdash						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/19 Rpt: 10/46 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 (\$) 10/16/2024 Family Empowerment Coalition PAC \$50,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78734 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/25/2024 \$1,000.00 Foley & Lardner LLP Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/25/2024 Fred Shannon LLC \$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 (\$) 10/23/2024 Friends of Dr. Greg Bonnen PAC \$2,000.00 Contributor address; City; State; Zip Code Friendswood, TX 77546 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/25/2024 \$500.00 Funds Available for Involved Reporters Contributor address; City; State; Zip Code Athens, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 7/19 Rpt: 11/46
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		M. (The Honorable)		00084135
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	10/25/2024	Germania Farm Mutual PAC		\$500.00
		6 Contributor address; City; State; Zip Code		
		Brenham, TX 77534		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	10/15/2024	Glaze, John		\$52.0
		1		
		Houston, TX 77086		
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
	Job Maker		Fast Track Specialities,	
╞				
	Date)	Amount of Contribution (\$)
	10/25/2024	Gray Reed PAC	!	\$2,500.0
		Contributor address; City; State; Zip Code	1	
		1		
		1		
		Houston, TX 77056		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/30/2024	Hayes, Richard		\$250.00
		Contributor address; City; State; Zip Code		
		1		
		1		
		Denton, TX 76201		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
	lawyer		Hayes, Berry, White Var	inzant, LLP
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	10/25/2024	Home PAC of Texas - Texas Association of Bui		\$250.00
		Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		1		
		Austin, TX 78701		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
	г шора оооа			3)
┡				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/19 Rpt: 12/46 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 (\$) 10/23/2024 Hospitality Health ER Political Action Committee \$2,500.00 6 Contributor address; City; State; Zip Code Bellaire, TX 77401 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/23/2024 \$1,000.00 Houston Associated General Contractors PAC Contributor address; City; State; Zip Code Houston, TX 77092 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/26/2024 Howle, Charles L. \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77080 Principal occupation / Job title (See Instructions) Employer (See Instructions) unknown unknown Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/30/2024 \$500.00 Isaac for Texas Contributor address; City; State; Zip Code Dripping Springs, TX 78620 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/25/2024 \$500.00 Kathy Grant Group Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE	A1
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The Insti	ruction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 9/19 Rpt: 13/46	
2 FILER NAM	 IE	3 Filer ID (Ethics Commission Filers)	
	y M. (The Honorable)		00084135
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/13/202			\$100.00
	6 Contributor address; City; State; Zip Code		•
	North Richland Hills, TX 76182		
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/17/202			\$1,000.00
	Contributor address; City; State; Zip Code		•
	Houston, TX 77010	-	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/17/202	4 Marathon Oil Company Employees PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Louiston TV 77024		
Dringinal or	Houston, TX 77024 cupation / Job title (See Instructions)	Employer (See Instructions	
rincipai oc			>)
Data		<u> </u>	Amount of Contribution (A)
Date 10/08/202	4 Full name of contributor out-of-state PAC (ID#:) 4 McCandless, Patricia)	Amount of Contribution (\$) \$260.25
			ψ200.20
	Contributor address; City; State; Zip Code		
	Austin, TX 78746		
Principal oc	L cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)
executive		HCSC	, ,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Amount of Contribution (\$)
10/17/202			\$26.03
	Contributor address; City; State; Zip Code		
	Houston, TX 77080		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)
self		sales	

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 14/46	
2	FILER NAME			2	Filer ID (Ethics Commission	
2		M. (The Honorable)		3	00084135	JII FIIEIS)
_	Date			7		
4	10/25/2024	5 Full name of contributor x out-of-state PAC (ID#: F		ľ	Amount of Contribution (\$)	¢1 000 00
	10/25/2024	National Association of Benefits and Insurance F				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Cranford, NJ 07016				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
Ū	i incipai occe			9		
	Date	Full name of contributor X out-of-state PAC (ID#: E	EC C0017025)		Amount of Contribution (\$)	
	10/17/2024 National Association of Mutual Insurance Companies PAC				\$1,000.00	
		Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Indianapolis, IN 76268				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/16/2024	Nunnallee, Bonnie				\$104.10
		Contributor address; City; State; Zip Code				
		Bryan, TX 77808				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Oncor Texas State PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75202				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	r nncipai occc			9		
⊢	Date	Full name of contributor	EC COO55383)		Amount of Contribution (\$)	
	10/17/2024	Otsuka US PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Rockville, MD 20850				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/19 Rpt: 15/46	
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 (\$)	
	10/25/2024	P. John Kuhl, Jr. PC					\$500.00
		6 Contributor address; City; S	tate; Zip Code				
		Houston TX 77056					
0	Bringinal occu	Houston, TX 77056	-)	9 Employer (See Instructions	<u> </u>		
0	Fincipal occu		"		<i></i>		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/25/2024	PharmPAC					\$1,000.00
		Contributor address; City; S					
		Austin, TX 78757					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>ا</u> ز)		
	i molpai occa		<i>"</i>		.,		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/19/2024	Phillips, Jo Dean					\$104.10
		Contributor address; City; S	tate; Zip Code				
	Dringing age	SEADRIFT, TX 77983		Employer (Cap Instructions	<u> </u>		
	retired	pation / Job title (See Instructions	5)	Employer (See Instructions retired	5)		
			<u> </u>		<u> </u>		
	Date	Full name of contributor)		Amount of Contribution (\$)	¢500.00
	10/17/2024						\$500.00
		Contributor address; City; S	tate; Zip Code				
		Houston, TX 77249					
	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 (\$)	
	10/25/2024	Political Action Committee					\$250.00
		Contributor address; City; S					
		Austin, TX 78738					
	Princinal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u> נ)		
	i interpar occu		<i>"</i>		·)		
1							

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/19 Rpt: 16/46	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	M. (The Honorable)		00084135	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/24/2024				\$520.51
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Attorney		Posey Law Firm		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/25/2024	Ron Lewis & Associates			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/25/2024	 Rydman, John			\$1,000.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77007			
-	pation / Job title (See Instructions)	Employer (See Instructions	5)	
unknown		unknown		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/25/2024	Scott, James		5	\$1,000.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77705			
-	pation / Job title (See Instructions)	Employer (See Instructions	5)	
unknown		unknown		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/25/2024	Scott, William F.		5	\$1,000.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77705			
-	upation / Job title (See Instructions)	Employer (See Instructions	6)	
unknown		unknown		

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 13/19 Rpt: 17/46	
2 FILER NAME			3 Filer ID (Ethics Commissi	on Filers)
	M. (The Honorable)		00084135	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)	
10/14/2024	Shaheen, Matt			\$2,500.00
	6 Contributor address; City; State; Zip Code			
	Prosper, TX 75078			
-	pation / Job title (See Instructions)	9 Employer (See Instructions)	
state rep		State of Texas		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
10/17/2024	Sullivan, Raymond			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78735			
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Public and G	Sovernment Relations Consultant	Sullivan Public Affairs		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
10/25/2024	TBA Bank PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
10/04/2024	Taylor, Lauren			\$104.10
	Contributor address; City; State; Zip Code			
	Houston TX 77090 7617			
Dringing ogg	Houston, TX 77080-7617	Employer (See Instructions)	
realtor	ipation / Job title (See Instructions)	self)	
Date	Full name of contributor out-of-state PAC (ID#)	:)	Amount of Contribution (\$)	¢100.00
10/24/2024	Taylor, Lauren			\$100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77080-7617			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
realtor		self	/	
· canor				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 14/19 Rpt: 18/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	M. (The Honorable)		00084135
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/11/2024	Texans for Lawsuit Reform PAC		\$250,000.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78701		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/25/2024	Texans for Lawsuit Reform PAC		\$240,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/17/2024	Texas Ambulatory Surgery Center Society PAC		\$500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/23/2024	Texas Building Branch AGC PAC	/	\$1,000.00
_0/_0/_0_			+_,
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	<u>ا</u>	Amount of Contribution (\$)
10/25/2024	Texas Construction Association PAC)	\$500.00
10/25/2024			\$500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 19/46	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		M. (The Honorable)			00084135	JIT IICI3)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/25/2024	Texas Dairymen PAC				\$500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78711				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/25/2024	Texas Farm Bureau AgFund Inc				\$1,000.00
		Contributor address; City; State; Zip Code				
		Waco, TX 76702				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
				,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/25/2024	Texas Homecare & Hospice PAC				\$1,000.00
		Austin, TX 78759				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
				,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Texas House Republican Caucus PAC				\$3,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78737				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/23/2024	Texas House Republican Caucus PAC	/			\$5,500.00
		Contributor address; City; State; Zip Code				+0,000.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78737				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
				,		

					=		
	The Instru	ction Guide explains how to c	complete this fc	orm.	1	Total pages Schedule A1: Sch: 16/19 Rpt: 20/46	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hull, Lacey I	M. (The Honorable)				00084135	
4	Date		out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/25/2024	Texas Leads PAC					\$1,000.00
		6 Contributor address; City; State; Zi	Zip Code				
0	Drincinal occi	Austin, TX 78767 Ipation / Job title (See Instructions)	T	9 Employer (See Instructions)			
0	Pilitipai occu)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/17/2024	Texas Oil & Gas Association G					\$2,000.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	.)		
	·	Janon / 002 and (001		Ep.090. (211	,		
_	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/17/2024	Texas Sands PAC					\$6,000.00
		Contributor address; City; State; Zi	Zip Code				
		1					
	Dringing Loop	Austin, TX 78701	r	Employer (Cas Instructions	Ļ		
	Principai occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/17/2024	Texas Sands PAC					\$4,000.00
		Contributor address; City; State; Zi	∠ip Code				
		Austin, TX 78701					
-	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	T moipar cocc.)		
	Date	Full name of contributor	Dut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/25/2024	Texas State Association of Fire		Committee			\$1,000.00
		Contributor address; City; State; Zi					
		1					
		Austin, TX 78701	r				
	Principal occu	pation / 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: 17/19 Rpt: 21/46 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 (\$) 10/25/2024 Texas and Southwestern Cattle Raisers Association \$2,000.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76185 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: FEC COO25488 Amount of Contribution (\$) 10/25/2024 \$1,000.00 The Home Depot Inc. Political Action Committee Contributor address; City; State; Zip Code Washington, DC 20004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/14/2024 Tinderholt, Tony \$100.00 Contributor address; City; State; Zip Code Arlington, TX 76003 Principal occupation / Job title (See Instructions) Employer (See Instructions) state rep State of Texas Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2024 \$500.00 Troxclair, Ellen Contributor address; City; State; Zip Code Marble Falls, TX 78654 Principal occupation / Job title (See Instructions) Employer (See Instructions) residential real estate self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/27/2024 \$500.00 Vasut, Cody Contributor address; City; State; Zip Code Angleton, TX 77516 Principal occupation / Job title (See Instructions) Employer (See Instructions) State Rep State of Texas

	The Instru	ction Guide explains how to complete th	1	Total pages Schedule A1: Sch: 18/19 Rpt: 22/46			
2	FILER NAME					Filer ID (Ethics Commission	on Filers)
		M. (The Honorable)				00084135	
4	Date	5 Full name of contributor Out-of-state PAC ([ID#:)	7	Amount of Contribution (\$)	
	09/30/2024	Vasut, Cody					\$520.51
		6 Contributor address; City; State; Zip Code			1		
		Angleton, TX 77516					
8		pation / Job title (See Instructions)	9	9 Employer (See Instructions	5)		
	State Rep			State of Texas			
_	Date	Full name of contributor out-of-state PAC ([ID#:)	Γ	Amount of Contribution (\$)	
	10/10/2024	Vasut, Cody					\$250.00
		Contributor address; City; State; Zip Code			1		
		Angleton, TX 77516					
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	State Rep			State of Texas			
	Date	Full name of contributor out-of-state PAC ([ID#:)	Ī	Amount of Contribution (\$)	
	10/25/2024	Veterinarian Political Action Committee					\$1,000.00
		Contributor address; City; State; Zip Code			1		
		Austin, TX 78754					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC ([ID#:)		Amount of Contribution (\$)	
	10/25/2024	WR Brannan & Associates LLC					\$2,000.00
		Contributor address; City; State; Zip Code			1		
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
Γ	Date	Full name of contributor Out-of-state PAC ([ID#:)	Γ	Amount of Contribution (\$)	
	10/17/2024	Weekley, Richard					\$2,500.00
		Contributor address; City; State; Zip Code			1		
		Houston, TX 77027					
		upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ov	vner		David Weekley Homes			

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDU	_e A1
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 19/19 Rpt: 23/46	
2	FILER NAME Hull, Lacey N	И. (The Honorable)		3	Filer ID (Ethics Commission 00084135	on Filers)
4	Date 10/25/2024	 5 Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu		Employer (See Instructions))		
	Date 10/25/2024				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Beaumont, TX 77705 pation / Job title (See Instructions)	Employer (See Instructions))		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/6 Rpt: 24/46	
2 FILER NAME Hull, Lacey M. (The Honorable)			 Filer ID (Ethics Commission Filers) 00084135 	
⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$	
5 Date 10/09/2024			8 Amount of 9 In-kind contribution contribution (\$) description \$3,079.58 I digital media buy	
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
Date 10/17/2024			Amount of In-kind contribution contribution (\$) description \$2,062.72 I direct mail	
	Austin, TX 78701		I 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 10/22/2024	Full name of contributor out-of-state PAC (ID#: Charter Schools Now PAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$670.40 I message phone calls	
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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 contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/6 Rpt: 25/46			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Hull, Lacey M. (The Honorable)			00084135		
⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$		
5 Date 10/24/2024			8 Amount of 9 In-kind contribution contribution (\$) description \$2,062.72 I direct mail		
	Austin, TX 78701				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. I-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 10/14/2024			Amount of In-kind contribution contribution (\$) description \$6,900.00 I polling		
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 10/17/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$36,313.20 I digital advertising		
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)			
	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)					

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/6 Rpt: 26/46				
2 FILER NAME Hull, Lacey M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00084135			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date 10/24/2024			8 Amount of 9 In-kind contribution contribution (\$) description \$2,540.00 I digital advertising			
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 10/16/2024			Amount of In-kind contribution contribution (\$) description \$25,452.60 I PAC In-kind Mail printing and postage			
	Bellaire, TX 77401		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	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 10/16/2024	Full name of contributor out-of-state PAC (ID#: Houston Region Business Coalition PAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$7,521.811PAC Mail Printing Services and Postage			
	Bellaire, TX 77401		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 4/6 Rpt: 27/46	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
-	M. (The Honorable)	00084135		
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$		
5 Date 10/16/2024	 7 Contributor address; City; State; Zip Code)	8 Amount of contribution (\$) \$16,152.80 PAC In-kind Mail printing and postage	
	Bellaire, TX 77401	-	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/24/2024			Amount of In-kind contribution contribution (\$) description \$251.00 I Reception in support of Representative Lacey Hull	
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON	I-JUDICIAL) (See instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/21/2024			Amount of In-kind contribution contribution (\$) description \$25.001	
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Emp		Employer (FOR NON	I-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 5/6 Rpt: 28/46	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Hull, Lacey M. (The Honorable)			00084135	
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$		
5 Date 10/15/2024			8 Amount of 9 In-kind contribution contribution (\$) description \$6,900.00 I campaign polling	
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/21/2024			Amount of In-kind contribution contribution (\$) description \$14,900.00 mail	
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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 contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 10/22/2024	Full name of contributor out-of-state PAC (ID#: Texas Defense PAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$14,777.00 I mail	
	Austin, TX 78768		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 contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

			1 Total pages Schedule A2:
The Instru	iction Guide explains how to complete this f	orm.	Sch: 6/6 Rpt: 29/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	M. (The Honorable)		00084135
⁴ 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
10/25/2024			\$12,988.00 mail
	7 Contributor address; City; State; Zip Code		
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12 Contributorio		12 Contributoria iab titla	
	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)	1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
10/04/2024	Texas Farm Bureau AgFund Inc		contribution (\$) description \$5.18 website endorsement
	Contributor address; City; State; Zip Code		
	Waco, TX 76702		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)		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expens Fees Food/Beverag Gift/Awards/M nmittee Legal Services	e e Expense emorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	2		-		-	2	Filer ID	(Ethics Commission Filers)			
1		 ²		anarabla)			ľ					
	Sch: 1/11 Rpt: 30/46		Hull, Lacey M. (The H	onorable)				00084135				
4	Date	5	Payee name									
	10/19/2024		Berry Communications									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$22,500.00 1005 Congress											
	Ste 460											
			Austin, TX 78701									
8	PURPOSE	(a)	Category (See Categories I	isted at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Consulting Expense					ide of Texas. Com				
								, officeholder living	g expense			
						consulting fe	е					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder na	ame C	Office sou	Jht		Office he	eld			
	Date		Payee name									
	10/26/2024		Berry Communication	S								
⊢	Amount (\$)	-	Payee address; City		Zip Co	10						
	.,			, State,	Zip Cu							
	\$12,500.00		1005 Congress									
			Ste 460									
			Austin, TX 78701									
	PURPOSE	(a)	Category (See Categories I	isted at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Consulting Expense		ŕ	Check if travel	outs	ide of Texas. Com	nplete Schedule T.			
	EXPENDITORE							, officeholder living	g expense			
						consulting fe	е					
	Complete ONLY if direct		Candidate/Officeholder na	ame C	Office sou	Jht		Office he	eld			
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/26/2024		Berry Communication	s								
			-									
	Amount (\$)		Payee address; City	; State;	Zip Co	le						
	\$12,500.00		1005 Congress									
			Ste 460									
			Austin, TX 78701									
	PURPOSE	(a)	Category (See Categories I			(b) Description						
	OF	(``'	Consulting Expense	isted at the top of this sch	edule)		outs	ide of Texas. Com	nplete Schedule T.			
	EXPENDITURE							, officeholder living				
						consulting fe	е					
						-						
-	Complete ONLY if direct	<u>_</u>	Candidate/Officeholder na	ame C	Office sou	iht		Office he	eld			
	expenditure to benefit C/OI					j						

	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 Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayme erhea kpense xpens Xpens Wages	ent/Reimbursement Id/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)	
-	Sch: 2/11 Rpt: 31/46		Hull, Lacey M. (The Honorable)					00084135		
4	Date	5	Payee name							
	10/26/2024		Berry Communications							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode					
	\$3,600.00 1005 Congress									
	Ste 460									
	Austin, TX 78701									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense					de of Texas. Com		
							, IX,	officeholder living	j expense	
						text buy				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ıght			Office he	eld	
	Date		Payee name							
	10/26/2024		Berry Communications							
	Amount (\$)		-	Zip Co	ahr					
	()			, 20 00	Juc					
	\$3,600.00		1005 Congress							
			Ste 460							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense	,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE						, TX	officeholder living) expense	
						text buy				
	Complete ONLY if direct	. (Candidate/Officeholder name C	Office sou	.ght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date		Payee name							
	10/26/2024		•							
			Berry Communications							
	Amount (\$)			; Zip Co	ode					
	\$3,600.00		1005 Congress							
			Ste 460							
			Austin, TX 78701							
	PURPOSE	(a)			(h)	Description				
	OF	("	Category (See Categories listed at the top of this sch	edule)	(0)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Advertising Expense					officeholder living		
						text buy				
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-	Complete ON!! V if direct	Ļ	Candidate/Officeholder name	Office act	l Iabt			Office he	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Office sou	iyill			Unice he	siu	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CATEGOR Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayme erhea pense xpens Xpens Vages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)		
	Sch: 3/11 Rpt: 32/46	-	Hull, Lacey M. (The Honorable)				ľ	00084135			
4	Date	5	Payee name								
	10/26/2024		Berry Communications								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$2,100.00 1005 Congress										
	Ste 460										
			Austin, TX 78701								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description					
	EXPENDITURE		Advertising Expense					ide of Texas. Com , officeholder living			
						text buy	I, IA,	, onicendider nving	J expense		
						lext buy					
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight			Office he	eid		
	Date		Payee name								
	10/26/2024		Berry Communications								
	Amount (\$)		Payee address; City; State;	Zip Co	ode						
	\$2,100.00		1005 Congress	1							
	Ψ2,100.00	Ste 460									
			Austin, TX 78701		_						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Advertising Expense					ide of Texas. Com			
							I, IX,	, officeholder living	j expense		
						text buy					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ight			Office he	eld		
		<u> </u>									
	Date		Payee name								
	10/26/2024		Berry Communications								
	Amount (\$)		Payee address; City; State;	Zip Co	ode						
	\$2,100.00		1005 Congress								
			Ste 460								
			Austin, TX 78701								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description		ide of Tours	nlata Cabadul- T		
	EXPENDITURE		Advertising Expense					ide of Texas. Com , officeholder living			
						text buy	I, IA,	, onicendider nving	Jexpense		
						ieni buy					
					Ļ						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight			Office he	eia		
	experiance to benefit C/OI	•									

	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 Expens Gitt/Awards/Memorials Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Exp Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME	-		-	3	Filer ID (Ethics Commission Filers)	
	Sch: 4/11 Rpt: 33/46		Hull, Lacey M. (The Honora	ble)			ľ	00084135		
4	Date 10/10/2024	5	Payee name Campaign Advocacy Manag	nement Pro	ofessiona	ls. I I C				
6	Amount (\$)	-	Payee address; City;		; Zip Co					
ľ	()	ľ	401 NE 46th	Siale	, zip co	ue				
	\$25,452.60 401 NE 46th									
	Oklahoma City, OK 73105									
8	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense					ide of Texas. Comple		
						mailers	I, TX	, officeholder living ex	kpense	
						mailers				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	ght		Office held	1	
	Date		Payee name							
	10/10/2024		Campaign Advocacy Manag	gement Pro	ofessiona	lls, LLC				
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$25,452.60		401 NE 46th							
			Oklahoma City, OK 73105							
	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense					ide of Texas. Comple		
						mailers	I, TX	, officeholder living ex	kpense	
						mailers				
	-									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	gnt		Office held	1	
		-								
	Date		Payee name							
	10/10/2024		Campaign Advocacy Manag	gement Pro	ofessiona	lls, LLC				
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$25,452.60		401 NE 46th							
			Oklahoma City, OK 73105							
	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	nedule)	(b) Description				
	OF		Advertising Expense		,		outs	ide of Texas. Comple	ete Schedule T.	
	EXPENDITURE						I, TX	, officeholder living ex	kpense	
						mailers				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght	_	Office held	1	
	expenditure to benefit C/OI									

	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 Expensi Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 5/11 Rpt: 34/46		Hull, Lacey M. (The Honoral	ble)				00084135		
4	Date	5	Payee name							
	10/10/2024		Campaign Advocacy Manag	jement Pro	ofessiona	ls, LLC				
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$500.00		401 NE 46th							
			Oklahoma City, OK 73105							
			-							
8	PURPOSE OF	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description				
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						pushcards	I, I A	, onceroider iving expense		
						pushourus				
9	Complete ONLY if direct		Candidate/Officeholder name		Office sour	sht		Office held		
9	expenditure to benefit C/Oł			C	JIIICE SOUĮ	JIIL		Office field		
		-								
	Date		Payee name							
	10/21/2024		Campaign Advocacy Manag	jement Pro	ofessiona	ls, LLC				
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$28,206.00		401 NE 46th							
			Oklahoma City, OK 73105							
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	iedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.		
	EXPENDITORE						I, TX	, officeholder living expense		
						mailers				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held		
	experialitie to benefit C/Of									
	Date		Payee name							
	10/25/2024		Campaign Advocacy Manag	jement Pro	fessiona	ls, LLC				
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$24,452.60		401 NE 46th							
			Oklahoma City, OK 73105							
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description				
	OF		Advertising Expense		,		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		5 1				I, TX	, officeholder living expense		
						mailers				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office held		
	expenditure to benefit C/OI	Η								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Tees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	se Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense gense ages/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 6/11 Rpt: 35/46		Hull, Lacey I	M. (The Honora	ble)				00084135			
4	Date	5	Payee name									
	10/25/2024		Campaign Advocacy Management Professionals, LLC									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$18,818.73 401 NE 46th											
		Oklahoma City, OK 73105										
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Advertising I	Expense					de of Texas. Comple			
	-						mailers	, TX,	officeholder living e	xpense		
							mailers					
_	Complete ONLY if direct		Candidate/Offic						Office held	4		
9	expenditure to benefit C/OI		Januluale/Offic	enoluer name	C	Office sou	JIIL		Office held	1		
	Date		Payee name									
	10/25/2024		Campaign A	dvocacy Manag	gement Pro	ofessiona	ls, LLC					
	Amount (\$)		Payee addres		-	; Zip Co						
	\$9,789.56		401 NE 46th	-	Claro	, <u> </u>						
			Oklahoma C	ity, OK 73105								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Advertising I	Expense					de of Texas. Comple			
							mailers	, IX,	officeholder living e	xpense		
							mailers					
_	Complete ONLY if direct		Candidate/Offic	choldor namo		Office soug	abt		Office held	4		
	expenditure to benefit C/OI		candidate/Onic	enoluer name	, c	Jince Sou	Ju		Once her	4		
	Date		Payee name									
	10/25/2024		Campaign A	dvocacy Mana	gement Pro	ofessiona	ls, LLC					
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$9,789.56		401 NE 46th									
			Oklahoma C	ity, OK 73105								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Advertising I	Expense					de of Texas. Comple			
								, TX,	officeholder living e	xpense		
							mailers					
_												
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ght		Office held			
		-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	xpense Office Ov orials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
	Total pages Schedule F1:		•	•	3 Filer ID (Ethics Commission Filers)						
	Sch: 7/11 Rpt: 36/46	full, Lacey M. (The Ho	norable)		00084135						
4	Date	ayee name									
	10/25/2024	Campaign Advocacy M	anagement Professiona	als, LLC							
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$7,419.12 401 NE 46th										
	Oklahoma City, OK 73105										
8	PURPOSE	Category (See Categories liste	d at the top of this schedule)	(b) Description							
		dvertising Expense			outside of Texas. Complete Schedule T.						
	EXPENDITURE	. .			I, TX, officeholder living expense						
				mailers							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ndidate/Officeholder nam	e Office sou	ght	Office held						
	·										
	Date	ayee name									
	10/25/2024	Campaign Advocacy M	anagement Professiona	als, LLC							
	Amount (\$)	ayee address; City;	State; Zip Co	ode							
	\$3,000.00	01 NE 46th									
		oklahoma City, OK 731	05								
	PURPOSE	Category (See Categories liste	d at the top of this schedule)	(b) Description							
	OF EXPENDITURE	dvertising Expense		Check if travel	outside of Texas. Complete Schedule T.						
	EXPENDITORE	. .			ı, TX, officeholder living expense						
				pushcards							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ndidate/Officeholder nam	e Office sou	ght	Office held						
	Date	ayee name									
	10/26/2024	Campaign Advocacy M	anagement Professiona	als, LLC							
	Amount (\$)	ayee address; City;	State; Zip Co	de							
	\$5,803.20	01 NE 46th									
		0klahoma City, OK 731	05								
	PURPOSE	ategory (See Categories liste	d at the top of this schedule)	(b) Description							
	OF EXPENDITURE	dvertising Expense			outside of Texas. Complete Schedule T.						
					n, TX, officeholder living expense						
				direct mail							
<u> </u>	Complete ONIL V if direct	ndidata/Officabelder	o	abt	Office held						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ndidate/Officeholder nam	e Office sou	yni	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 Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/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 FILE	R NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 8/11 Rpt: 37/46		Lacey M. (The Honorable	e)				00084135		
4	Date 10/07/2024	5 Paye Cha	e name Se							
6				Ctoto						
6	Amount (\$)	-	ee address; City;	State,	; Zip Coo	le				
	\$5,186.53	270 Park Avenue New York, NY 10017								
8	PURPOSE OF EXPENDITURE		gory (See Categories listed at the t dit Card Payment	op of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
						credit card pa	ayn	nent		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Dffice sou	ht		Office held		
	Date	Pay	e name							
	10/16/2024	Cor	servative Media Propertie	s LLC						
	Amount (\$)	Pay	e address; City;	State;	; Zip Coo	le				
	\$6,250.00	153	3 W Alabama St.							
			ston, TX 77006							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the t ertising Expense	op of this sch	iedule)	Check if Austir	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ship - Conservative Review		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Dffice soug	ht		Office held		
	Date	Pav	e name							
	10/14/2024	Fed								
	Amount (\$) \$12.50		ee address; City; Gessner Rd	State;	; Zip Coo	le				
		Ηοι	ston, TX 77024							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the t ting Expense	op of this sch	iedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Ce fair		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office held		

				EXPEN	DITURE CATE	GORIES FOR	вс	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expens Fees Food/Beverag Gift/Awards/N Legal Service	e je Expense lemorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ymer rheac iense pens ages	nt/Reimbursement I/Rental Expense e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/11 Rpt: 38/46		Hull, Lacey		lonorable)					00084135	
4	Date	5	Payee name								
	10/26/2024		Martinez, J	orge							
6	Amount (\$)	7	Payee addre	ss; City	/; St	tate; Zip Co	de				
	\$285.00		7229 Molin	a St.							
			Houston, T	V 77007							
8	PURPOSE OF	(a)			listed at the top of this	s schedule)	(b)	Description			
	EXPENDITURE		Salaries/Wa	ages/Cont	ract Labor					de of Texas. Comp	
								campaign lab		officeholder living	expense
								campaigniad	101		
_										o	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder na	ame	Office sou	ght			Office he	ld
	Date		Payee name								
	10/17/2024		Strategic M	edia Place	ement, Inc.						
_	Amount (\$)		Payee addre	ss; City	<i>r</i> : St	tate; Zip Co	1e				
					, 30	aic, 2ip Co					
	\$228,250.00		7669 Stage	IS LOOP							
			Delaware, (OH 46015							
	PURPOSE OF EXPENDITURE		Category _{(S} Advertising		listed at the top of this	s schedule)	(b)			de of Texas. Comp officeholder living	
						011				011	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	icenoider na	ame	Office sou	gnt			Office he	10
	Date		Payee name								
	10/26/2024		Strategic M		ement, Inc.						
	Amount (\$)		Payee addre			tate; Zip Co					
	\$50,000.00		7669 Stage		, 30	aic, 2ip Co					
	\$50,000.00		1009 Slaye	IS LOOP							
			Delaware, (OH 46015							
	PURPOSE	(a)	Category (S	ee Categories	listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		Advertising			,		Check if travel	outsi	de of Texas. Comp	blete Schedule T.
	EXPENDITORE		-						, TX,	officeholder living	expense
								radio ad			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder na	ame	Office sou	ght			Office he	ld

	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 Expense Legal Services The Instruction Guide exp	O Pi Pi Si	Office Over Polling Exp Printing Exp Galaries/Wa	ense Iges/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	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 10/11 Rpt: 39/46		Hull, Lacey M. (The Honorable)					00084135				
4	Date 10/16/2024	5	Payee name The What's Up Program									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$2,500.00 10924 Grant Road, #133											
			Houston, TX 77070									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of the	his schedu	ıle)	b) Description						
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense ship - The LINK				
						GOTV Spons	015	slip - The Link				
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce soug	ht		Office held				
	Date		Payee name									
	10/18/2024		Verraton Media LLC									
	Amount (\$)		Payee address; City; S	State; Z	Zip Coc	е						
	\$75,000.00		1801 Red Bud Ln									
	\$10,000.00											
			Round Rock, TX 78664									
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	his schedu	ile)	b) Description						
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						digital ad buy	/					
	Complete ONLY if direct		Candidate/Officeholder name	Offi	ce soug	ht		Office held				
	expenditure to benefit C/OI	1										
	Date		Payee name									
	10/25/2024		Verraton Media LLC									
	Amount (\$)		Payee address; City; S	State; Z	Zip Coc	е						
	\$50,000.00		1801 Red Bud Ln									
	,											
			Round Rock, TX 78664		i							
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	his schedu	ile)	b) Description						
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						digital ad buy	/					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce soug	ht		Office held				

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		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 NAME		3 Filer ID (Ethics Commission Filers)
Sch: 11/11 Rpt: 40/46	Hull, Lacey M. (The Honorable)		00084135
-			00004135
4 Date 10/26/2024	5 Payee name Verraton Media LLC		
6 Amount (\$) \$25,000.00	 Payee address; City; State; 1801 Red Bud Ln Round Rock, TX 78664 	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense buy
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ice sought	Office held
Date	Payee name		
10/26/2024	Winred		
Amount (\$)		Zip Code	
\$883.38	1776 Wilson Blvd. Suite 530 Arlington, VA 22219		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Accounting/Banking	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense rting period
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ice sought	Office held

			D		SC	HEDUL	e F 4
	EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve /- Gift/Award I Committee Legal Serv	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursen Office Overhead/Rental Exper Polling Expense Printing Expense Salaries/Wages/Contract Labo ow to complete this form	nse Tra Tra Tra Dr OT	blicitation/Fundraising I ansportation Equipmen avel in District avel Out of District THER (enter a categor	nt & Related I	
1 Total pages Sebadula E4:		•	•		2 Filor ID (Ethi	c Commiss	
1 Total pages Schedule F4: Sch: 1/5 Rpt: 41/46	Hull, Lacey M. (The	Honorable)			3 Filer ID (Ethic 00084135		Son Fliers)
		ncial institution	5 TOTAL OF UN				
4 CREDIT CARD ISSUER		ase	EXPENDITURE CHARGED TO CARD	S	\$	411.7	76
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	r Paid		
	\$3,000.00	10/09/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address	;	City,	State,	Zip Code
			P.O. Box 20267	5			
	Ryan Data & Resea	arch		-			
			Austin, TX 7872	0-2675			
8 PURPOSE OF	(a) Category		(b) Description	0-2015			
EXPENDITURE	(a) Categories listed at the top	of this schedule)	data				
	Consulting Expense		uala				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Chec	k if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	r Paid		
	\$54.09	10/17/2024					
PAYEE			(b) Dovoo oddroco		City	Stata	Zin Codo
	(a) Payee name		(b) Payee address		City,	State,	Zip Code
	Walmart		2670 Northwest	Highway			
	() -		Cypress, TX 77	429			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Gift/Awards/Memorial		supplies for reso	ource fair			
Political							
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Chec	k if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	r Paid		
	\$43.28	10/17/2024					
	Φ43.20	10/17/2024					
PAYEE	(a) Payee name		(b) Payee address	;	City,	State,	Zip Code
			10217 Katy Free	eway			
	Office Depot						
			Houston, TX 77	024			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		supplies for reso	ource fair			
Political	Gift/Awards/Memorial	s Expense					
X Non-Political		of Texas. Complete Schedule		k if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
expenditure to benefit C/OH							

Advertising Evenence				.,	aliaitation/Eundraiaing	Evenee	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Ti Ti Ti	olicitation/Fundraising ransportation Equipme ravel in District ravel Out of District DTHER (enter a catego	ent & Related	
	The Inst	ruction Guide explains h	ow to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 2/5 Rpt: 42/46	Hull, Lacey M. (The	e Honorable)			00084135		
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED	\$	411.7	76
ISSUER	see p	revious		GED TO A CREDIT	1 '	411.7	0
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$595.38	10/18/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Uz Marketing		6616 De	ihl Rd			
			Houston	, TX 77092			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this school (a)	(b) Descri				
	Advertising Expense	of this schedule)	yard sigr	าร			
X Political							
Non-Political		of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	oense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Of	ffice sought		Office held		
expenditure to benefit C/OH					<u> </u>		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$73.59	10/19/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	1-800 Flowers		2 Jericho	o Plaza			
	1 000 1 100013						
	(a) Catagony			NY 11753			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri thank yo	•			
X Political	Gift/Awards/Memoria	ls Expense	unanik yo	u giit			
Non-Political		of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	oense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Of	ffice sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge) Credit Card Issue	er Paid		
	\$3,500.00	10/01/2024	10/07/20)24			
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			1760 Wh	nite Oak			
	SoRivera Strategie	S					
			Houston	, TX 77009			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descri				
	Salaries/Wages/Cont	,	campaig	n labor			
X Political							
Non-Political		of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	oense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Of	ffice sought		Office held		
expenditure to benefit C/OH							

		EXP	ENDITURE CATEGOR	RIES FOR BOX 1	.0(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award I Committee Legal Serv	erage Expense s/Memorials Expense rices	Loan Repayment/Re Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	Ital Expense Tra Tract Labor OT	blicitation/Fundraising E ansportation Equipmer avel in District avel Out of District THER (enter a category	t & Related I	
			ruction Guide explains h	now to complete the	nis form.			
1	Total pages Schedule F4:					3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 3/5 Rpt: 43/46	Hull, Lacey M. (The	e Honorable)			00084135		
4	CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED	\$	411.7	7 6
	ISSUER	see p	revious		ED TO A CREDIT	Ψ	411.7	0
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	., .,	Credit Card Issue	r Paid		
		\$63.96	10/06/2024	10/07/202	24			
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
				677 Ponce	e de Leon Ave N	NE		
		Mailchimp						
				Atlanta, G	A 30308			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript				
		Advertising Expense	of this schedule)	newsletter	service			
	X Political							
	Non-Political		of Texas. Complete Schedule	L	Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$43.20	10/21/2024					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Tiff's Treats		1806 Nue	ces St.			
		This fleats						
				Austin, TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript gift for DP				
		Gift/Awards/Memorial		gilt for DP	3			
	Political							
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	L	Check if Austin, TX,	officeholder living expe	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Canuluale/Onicenoluer	name O	ffice sought		Office held		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
				(0) Duic(3)	orean oura issue	i i ulu		
		\$266.50	10/24/2024					
⊢	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code
				1400 S Co			,	
		Perla's			3			
				Austin, TX	(78704			
	PURPOSE OF	(a) Category		(b) Descript	tion			
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	meal with	staff			
	Political	· oou beverage Expe						
	X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. [Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
е	xpenditure to benefit C/OH							

Advertision Frances		ENDITURE CATEGOR		()	lisitatian (Europhysician -		
Advertising Expense Accounting/Banking Consulting Expense		erage Expense	Loan Repayment/R Office Overhead/Re Polling Expense	ental Expense Tra Tra	blicitation/Fundraising E ansportation Equipmen avel in District		Expense
Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Award al Committee Legal Serv	ls/Memorials Expense vices	Printing Expense Salaries/Wages/Co		avel Out of District THER (enter a category	y not listed at	oove)
	The Inst	ruction Guide explains h	now to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 4/5 Rpt: 44/46	Hull, Lacey M. (The	e Honorable)			00084135		
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED DITURES	\$	411.7	' 6
ISSUER	see p	revious		GED TO A CREDIT		411.7	0
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$104.65	09/27/2024	10/07/20	24			
7 PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Evtro Space Store		1014 Kat	y Fwy			
	Extra Space Storag	Je					
				TX 77043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip storage u				
X Political	Office Overhead/Ren	tal Expense	Storage t				
Non-Political		-f.T			- ff la - la la la la compañía - compañía		
9 Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought		officeholder living expe	ense	
expenditure to benefit C/OH			moo oodgiit		enice noid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$53.96	10/01/2024					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	SquareSpace Inc		225 Vario	ck St.			
PURPOSE OF	(a) Category		(b) Descrip	k, NY 10014			
EXPENDITURE	(See Categories listed at the top	of this schedule)	web serv				
X Political	Fees						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$247.50	10/03/2024	10/07/20	24			
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) Descrip				
EXPENDITURE	(See Categories listed at the top	,	Childcare				
Political	Opinion 547 Expense	2					
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Т.	Check if Austin, TX,	officeholder living expe	ense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name O	ffice sought		Office held		
expenditure to benefit C/OH							

Advertision Frances		ENDITURE CATEGOR		.,	- 11-14-41 (T		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Tr Tr Tr	blicitation/Fundraising ansportation Equipme avel in District avel Out of District THER (enter a categor	nt & Related I	
	The Inst	truction Guide explains h	ow to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 5/5 Rpt: 45/46	Hull, Lacey M. (The	e Honorable)			00084135		
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED	¢	411.7	76
ISSUER	see p	revious		GED TO A CREDIT	\$	411.7	0
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$495.00	10/21/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Small People CDC		2427 Ha	cintas Way			
	Sinai reopie CDC						
	(a) Catagony			, TX 77073			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Descri childcare	•			
Political	Opinion 547 Expense	9	ormadare				
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule			officeholder living exp	00000	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ffice sought		Office held	ense	
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$74.66	10/22/2024					
PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
	1 000 Flowers		2 Jericho	o Plaza			
	1-800 Flowers						
				NY 11753			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Descri thank yo	•			
X Political	Gift/Awards/Memoria	ls Expense	ulalik yo	u yiit			
Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Of	ffice sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$7,419.12	10/20/2024					
PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
	Composing Advaca		401 NE 4	46th			
	Campaign Advocad	Ly					
				na City, OK 7310	5		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Descri mailers	ption			
	Advertising Expense	-,	mailers				
X Political							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. ffice sought	Check if Austin, TX,	officeholder living exp Office held	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicenolder		mee sought		Onice neiu		

SCHEDULE |

The Instruction Guide explains how to complete this form.						
Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID 00084135	(Ethics Commission Filers		
Date 10/12/2024	5 Payee name Houston SPCA		-			
Amount (\$) 25.75	7 Payee Address; City; State; Zip 7007 Old Katy Rd					
	Houston, TX 77024					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (I Contributions/Donations Made By Candidate/Officeholder/Political Committee	b) Description donation	(See instructions regard	ling type of information required		