### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
			00088136	6		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	E USE ONLY
OFFICEHOLDER	The Honorable	Hillary G.			011101	L OOL ONL!
NAME	The Heneralie	i iliary C.			Date Received	
					ELECTRON	ICALLY FILED
	NIIO/ALANAE				07/12/2025	
	NICKNAME	LAST		SUFFIX	01/12/2023	
		Hickland				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #: CI	rv.	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
OFFICEHOLDER		7 3011 E #, CI	11,	ZIF CODE		
MAILING	6318 Brayson Oaks Ct.					1
ADDRESS					Receipt #	Amount
Change of Address	Bolton TV 76E12					
Change of Address	Belton, TX 76513				Date Processed	
					Date Imaged	
					<u> </u>	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Rebecca				
INAIVIE						
	NICKNAME	LAST		SUFFIX		
		Tong				
6 CAMPAIGN	STREET ADDRESS (NO DO	NOV DI EACEN	Λ.Π	T / SUITE #; CITY;		STATE; ZIP CODE
TREASURER	STREET ADDRESS (NO PC	OBOX PLEASE),	AP	T / SUITE #; CITY;	3	STATE, ZIP CODE
ADDRESS	2130 Allenna Ln					
(Residence or Business)	Temple, TX 76502					
	Temple, 1X 70302					
	ļ					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER PHONE	(254) 760-3963					
THONE						
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff	7 15th day after	campaign treasurer
		J Sour day belor	e election	Runon		officeholder only)
	X July 15	8th day before	election	Exceeded modified	-	Attach C/OH-FR)
		cur day before		reporting limit	_ I mai report (	radon oronning
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	T	HROUGH	06/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
LLLCTION		l –	Data		C Other	
	Month Day Year	⊔'	Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dist	rict 55				
GO TO PAGE 2						
l						

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Hickland, Hillary G. (	The Honorable)	<b>14</b> Filer ID 00088136	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	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				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE ADDITESS			
		COMMITTEE CAMPAIGN TREASURER	NAME		
		COMMITTEE CAMPAIGN TREASURER	ADDRESS		
			, ISS. LEGG		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 7,500.00	
EXPENDITURE TOTALS	3. TOTAL UNITEN	IZED POLITICAL EXPENDITURES		\$ 0.00	
	4. TOTAL POLITION	CAL EXPENDITURES		<b>\$</b> 67,396.75	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS C	OF THE LAST DAY OF THE	\$ 59,433.34	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LO RTING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT			er penalty of perjury, that the and cludes all information required in Code.		
		The	e Honorable Hillary G. Hick	land	
		Sig	nature of Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid		day	
of	, 20, to c	ertify which, witness my hand and seal of o	ffice.		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath	
Signature of Office	cor auministemy	i illited flame of officer admillistering	, incoronic	ci administenny vatri	

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

				JVLN 31	3 of 24
<b>18</b> FIL	(Ethics Cor	nmission Filers)			
l	HEDULI ME OF :	SUBT	OTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	67,396.75
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/1 Rpt: 4/24			
2	FILER NAME Hickland, Hil	llary G. (The Honorable)		3	Filer ID (Ethics Commission 00088136	on Filers)		
4	Date 06/30/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$250.00		
_	<u> </u>	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#:)  06/30/2025 Dishon, Stacie  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Belton, TX 76513 pation / Job title (See Instructions)	Employer (See Instructions	)				
	retired retired							
06/30/2025 Moak Casey PAC		<b>-</b>	)		Amount of Contribution (\$)	\$250.00		
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$)	\$5,000.00		
Principal occupation / Job title (See Instructions) Employer (			Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Wholesale Beer Distributors of Texas PAC  Contributor address; City; State; Zip Code  Austin, TX 78701-0000			Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

#### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 5/24	Hickland, Hillary G. (The Honorable) 00088136
4	Date	5 Payee name
	05/12/2025	Arnold, Elaine
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 7809 Valburn Dr  Austin, TX 78731
_	DUDDOCE	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  clothing  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  t-shirts for office staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2025	Association of United States Army
	Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 10700  Killeen, TX 76547
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense meeting admission and meal fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Barton House
	Amount (\$) \$475.72	Payee address; City; State; Zip Code 101 N Maine St
		Salado, TX 76571
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense staff dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
1	Sch: 2/20 Rpt: 6/24	Hickland, Hillary G. (The Honorable)  O0088136			
4	Date	5 Payee name			
	02/28/2025	Bates Craft LLC			
6	Amount (\$) \$87.68	7 Payee address; City; State; Zip Code 201 N East St  Belton, TX 76513			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Coffee for legislative update in district			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/24/2025	Bell County GOP			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	204 N East St			
		Suite a-1			
		Belton, TX 76513			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense Sponsorship for fundraising event			
		Sportsorship for fundraising event			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/08/2025	Bell County Youth Fair			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,625.00	PO BOX 1058			
		Belton, TX 76513			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
		Candidate/Officeholder/Political Committee			
		donation/contribution to youth fair auction entries			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/20 Rpt: 7/24	Hickland, Hillary G. (The Honorable) 00088136
4	Date	5 Payee name
	04/28/2025	Belton Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	412 E Central Ave
		Belton, TX 76513
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parade Entry Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	05/16/2025	Belton Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	412 E Central Ave
		Belton, TX 76513
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Leadership luncheon ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	01/02/2025	Berry Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$38,357.00	1005 Congress
		Ste 450
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign strategy consulting, messaging, and voter
		outreach plans
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>1</del> 

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/20 Rpt: 8/24	Hickland, Hillary G. (The Honorable) 00088136
4	Date	5 Payee name
	01/07/2025	CTRW-PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.00	PO BOX 24
		Belton, TX 76513
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		lunch fee/admission
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/18/2025	CTRW-PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	PO BOX 24
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/17/2025	CTRW-PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.00	PO BOX 24
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		lunch admission ticket
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
l		

### SCHEDULE F1

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

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/20 Rpt: 9/24	Hickland, Hillary G. (The Honorable) 00088136
4	Date	5 Payee name
	05/14/2025	CTRW-PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.00	PO BOX 24
		Belton, TX 76513
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		luncheon admission ticket
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	03/18/2025	Carve American Grille
	Amount (\$)	Payee address; City; State; Zip Code
	\$217.53	2613 Perseverance Dr
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		staff lunch
		Stati Idiloli
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	01/01/2025	Childrens Advocacy Center
		·
	Amount (\$) \$220.70	Payee address; City; State; Zip Code 402 N Main St
	Φ220.70	402 N Main St
		Belton, TX 76513
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fivent Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		admission tickets for nonprofit fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
_		The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:				
	Sch: 6/20 Rpt: 10/24	Hickland, Hillary G. (The Honorable) 00088136			
4	Date	5 Payee name			
	01/21/2025	Daniel Alders Campaign			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$800.00	PO BOX 8907			
		Tyler, TX 75711			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	LAFENDITURE	Check if Austin, TX, officeholder living expense			
		joint reception food and beverage expense			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
L	experiorare to belieff C/Of	1			
	Date	Payee name			
	01/28/2025	ExtraCo Banks			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.00	PO BOX 6101			
		Temple, TX 76503			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	TAI LIADITORE	Check if Austin, TX, officeholder living expense			
		service charge			
	0 1 0 0 0 0 0 0				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/28/2025	ExtraCo Banks			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.00	PO BOX 6101			
L		Temple, TX 76503			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		account service charge			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/20 Rpt: 11/24	Hickland, Hillary G. (The Honorable) 00088136
4	Date	5 Payee name
	03/31/2025	ExtraCo Banks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	PO BOX 6101
		Temple, TX 76503
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		account service charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/30/2025	ExtraCo Banks
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	PO BOX 6101
		Temple, TX 76503
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  account service charge
		account service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2025	ExtraCo Banks
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	PO BOX 6101
		Temple, TX 76503
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  account service charge
		account service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

#### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/20 Rpt: 12/24 Hickland, Hillary G. (The Honorable) 00088136 4 Date Payee name ExtraCo Banks 06/30/2025 6 Amount (\$) Payee address; City; State; Zip Code \$3.00 PO BOX 6101 Temple, TX 76503 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense account service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/13/2025 Goodfolks Amount (\$) Payee address; City; State; Zip Code \$250.00 119 W 7th St Georgetown, TX 78626 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense staff dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/24/2025 Harker Heights Chamber of Commerce Amount (\$) Payee address: City; State; Zip Code \$130.00 552 Farm to Market Rd 2410A Harker Heights, TX 76548 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense admission fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/20 Rpt: 13/24	Hickland, Hillary G. (The Honorable) 00088136
4	Date	5 Payee name
	01/13/2025	Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.04	1200 Barbara Jordan Blvd
		Austin, TX 78723
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		office supplies, cord covers, extension cords
		omes supplies, colu servite, omension colus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/06/2025	III Armored Corps & Central Texas Community 250th Army Birthday Ball
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	3601 S WS Young Dr
		Killeen, TX 76542
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		250 Military Ball tickets
		250 Milliary Ball dollate
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
<b>-</b>	Date	Payee name
	03/26/2025	Jets Pizza
_		
	Amount (\$) \$169.96	Payee address; City; State; Zip Code 827 W 12th St
	\$109.90	827 W 12th St
		Austin, TX 78701
	DUDDO05	I ma
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    Cond/Bayarage Expense   Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office lunch including constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/20 Rpt: 14/24	Hickland, Hillary G. (The Honorable)	00088136
4	Date	5 Payee name	
	02/11/2025	Keith, Reagan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	1380 Hidden Springs Dr	
		Salado, TX 76571	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Galaries/Wages/Goritiaet Easter	travel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense
			ip, Office support, legislative research,
			in capitol office with reception
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	03/21/2025	Killeen Branch NAACP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	209 Sandra Sue Dr	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Killeen, TX 76542-5738	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Continuations/Donations Made by	travel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense
			ship of scholarship banquet
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<del>1</del>	
	Date	Payee name	
	01/13/2025	MailChimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.86	405 N Angier Ave NE	
		-	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE		travel outside of Texas. Complete Schedule T.
	LAPENDITORE		Austin, TX, officeholder living expense
		emaii ma	anagement expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·	Office field
l			

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form	1.		
1	Total pages Schedule F1: Sch: 11/20 Rpt: 15/24	FILER NAME     Hickland, Hillary G. (The Honorable)			Filer ID 00088136	(Ethics Commission Filers)
4	Date 02/14/2025	5 Payee name MailChimp				
6	Amount (\$) \$13.86	7 Payee address; City; State; Zip Code 405 N Angier Ave NE  Atlanta, GA 30308				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Check if	travel outsion Austin, TX,	de of Texas. Com officeholder living ent system	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought			Office h	eld
	Date 03/14/2025	Payee name MailChimp				
	Amount (\$) \$13.86	Payee address; City; State; Zip Code 405 N Angier Ave NE				
		Atlanta, GA 30308				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Check if	travel outsion Austin, TX,	de of Texas. Com officeholder living ent system	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
	Date 04/14/2025	Payee name MailChimp				
	Amount (\$) \$13.86	Payee address; City; State; Zip Code 405 N Angier Ave NE				
		Atlanta, GA 30308				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Check if	travel outsion Austin, TX,	de of Texas. Com officeholder living ent service	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/20 Rpt: 16/24	Hickland, Hillary G. (The Honorable) 00088136
4	Date	5 Payee name
	05/14/2025	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.86	405 N Angier Ave NE
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email management system
		emai management system
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	06/16/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.86	405 N Angier Ave NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		email management service
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
	06/17/2025	Narunya's
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.36	316 East Central Ave
		Belton, TX 76513
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Stati fulcii
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
$\vdash$		
1		
l		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category and Find of a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<b>,</b>
	Sch: 13/20 Rpt: 17/24	Hickland, Hillary G. (The Honorable) 00088136
4	Date	5 Payee name
	01/07/2025	Patrick, Lynsey
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,838.00	3201 River Place Dr
		Belton, TX 76513
8	PURPOSE	
Ü	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		email management, scheduling and event
		preparation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/21/2025	Patrick, Lynsey
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,980.00	3201 River Place Dr
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense email management, scheduling, event preparation
		Cital management, sofiedaling, event preparation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payeo namo
	05/05/2025	Payee name Patrick, Lynsey
	Amount (\$) \$147.27	Payee address; City; State; Zip Code  3201 River Place Dr
	Φ141.21	3201 River Flace Di
		Belton, TX 76513
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		colored printing of poster
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	₹

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ittee Le	t/Awards/Memorials gal Services ne Instruction G	·		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ove)
Ļ	T.1 C.1.1 =:	:			ac expiails			10 1110 1011111	-	E11 15	/Filting C	
1	Total pages Schedule F1:								3	Filer ID	(Ethics Commission	on Filers)
L	Sch: 14/20 Rpt: 18/24	Hi	ickland, Hilla	ry G. (The H	onorable)					00088136		
4	Date	<b>5</b> Pa	ayee name									
	02/04/2025	Po	osey, Josh									
6	Amount (\$)	<b>7</b> Pa	ayee address;	City;	State	e; Zip Co	de					
	\$1,000.00	16	6635 Spring	Cypress Rd								
	•		nit 91									
			ypress, TX 7	7/20								
_	DUDDOCE					ı	(h)	Daniel III				
8	PURPOSE OF			categories listed at t		hedule)	(a)	Description	outoi	do of Toyon Com	nloto Cabadulo T	
	EXPENDITURE	Sa	aiaries/Wage	es/Contract L	apor			=		de of Texas. Com officeholder living		
								digital conten			, - ,	
								<b>J</b>				
9	Complete ONLY if direct	Car	ndidate/Office	nolder name		Office sou	aht			Office he	eld	
	expenditure to benefit C/O					55 550	J. 10			200 110	-· <del>-</del>	
$\vdash$	Date	Б-										
	05/15/2025		ayee name									
			osey, Josh									
	Amount (\$)		ayee address;	City;	State	e; Zip Co	de					
	\$1,000.00	16	6635 Spring	Cypress Rd								
		ur	nit 91									
		Cy	ypress, TX 7	7429								
	PURPOSE	(a) Ca	ategory (See (	ategories listed at t	he top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE			es/Contract L		.		<b>—</b>		de of Texas. Com		
	LAI LINDITURE							<b>—</b>		officeholder living		
								digital conten	it, v	rideo editing		
_												
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	nolder name		Office sou	ght			Office he	eld	
L												
	Date		ayee name									
	03/31/2025	Pr	rimo Brands									
	Amount (\$)	Pa	ayee address;	City;	State	e; Zip Co	de					
	\$37.95	16	6420 N I35									
		Αι	ustin, TX 78	728								
	PURPOSE	(a) Ca	ategory (See (	Categories listed at t	he top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE			ad/Rental Ex				ш		de of Texas. Com		
	LAFLINDITORE							_		officeholder living	g expense	
								water service	tee	е		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Office	nolder name		Office sou	ght			Office he	eld	
	Superiorde to belieff 0/01	•										

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/20 Rpt: 19/24	Hickland, Hillary G. (The Honorable) 00088136
4	Date	5 Payee name
	04/10/2025	Primo Brands
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.32	16420 N I35
		Austin, TX 78728
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		water service fee
_	Operation ONLY if dispose	Open High to 10 ff and held a second to 10 ff and held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	04/11/2025	Primo Brands
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.96	16420 N I35
		Austin, TX 78728
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		water service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	05/29/2025	Primo Brands
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.32	16420 N I35
		Austin, TX 78728
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		water service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a contrary not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 16/20 Rpt: 20/24	Hickland, Hillary G. (The Honorable) 00088136				
4	Date	5 Payee name				
	06/06/2025	Primo Brands				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$35.28	16420 N I35				
		Austin, TX 78728				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  water service fee for office				
		water service ree for office				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
$\vdash$	Data	Para a same				
	Date	Payee name				
	06/16/2025	Primo Brands				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$30.96	16420 N I35				
		Austin, TX 78728				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense  Water Service				
		water service				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·				
_	Data					
	Date	Payee name				
	01/14/2025	Ready Refresh Waterservice				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2.49	3915B Caven Rd				
		Austin, TX 78744				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  water delivery service for office				
		water delivery service for office				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/20 Rpt: 21/24	Hickland, Hillary G. (The Honorable) 00088136
4	Date	5 Payee name
	01/14/2025	Ready Refresh Waterservice
6	Amount (\$) \$34.81	7 Payee address; City; State; Zip Code 3915B Caven Rd  Austin, TX 78744
8	PURPOSE	
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Water Service and cooler expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/05/2025	Ready Refresh Waterservice
	Amount (\$) \$30.96	Payee address; City; State; Zip Code 3915B Caven Rd
		Austin, TX 78744
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense water service
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Ready Refresh Waterservice
	Amount (\$) \$35.28	Payee address; City; State; Zip Code 3915B Caven Rd
		Austin, TX 78744
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense water service for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solaries (Contract Labor

ense Travel in Di ense Travel Out ges/Contract Labor OTHER (er

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 18/20 Rpt: 22/24	Hickland, Hillary G. (The Honorable)  00088136
4	Date	5 Payee name
	03/18/2025	Ready Refresh Waterservice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.28	3915B Caven Rd
		Austin, TX 78744
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		water service for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/20/2025	Ryan Data & Research
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,500.00	PO Box 202675
	φ3,300.00	FO BOX 2020/3
		Austin, TX 78720
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense retainer, data and research
		retainer, data and rescaren
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
_	D-4-	
	Date	Payee name  Tomple Chember of Commerce
	01/23/2025	Temple Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	201 Santa Fe Way
		unit 105
		Temple, TX 76501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  fundraiser admission fee
		Turidisci dumissioni lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
1	Sch: 19/20 Rpt: 23/24	Hickland, Hillary G. (The Honorable)  00088136				
4	Date	5 Payee name				
	02/08/2025	Temple Community Clinic				
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO BOX 747  Temple, TX 76503				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Contributions/Donations Made By				
	EXPENDITURE	Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Donation to Temple Community Free Health Clinic  Caring Ball and Gala				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
_	Data					
	Date	Payee name				
	01/29/2025	Texas Conservative Coalition				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	919 Congress Ave				
		Suite 450				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		membership dues				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/03/2025	Texas Department of Criminal Justice				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$595.38	PO BOX 13084				
		Austin, TX 78711-3084				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		office supplies, organizing trays for office, name placards, card holders				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	4				

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this f	form.			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
	Sch: 20/20 Rpt: 24/24	Hickland, Hillary G. (The Honorable)	00088136			
4	Date	5 Payee name				
	02/13/2025	Texas Department of Criminal Justice				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$163.46	PO BOX 13084				
		Austin, TX 78711-3084				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip				
	EXPENDITURE	Citt/ Wards/Memorials Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense			
		State	Seal Trays and items for event donations			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	П				
	Date	Payee name				
	02/18/2025	TexasFRW PAC				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$94.06	PO BOX 171146				
		Austin, TX 78717-0041				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri				
	EXPENDITURE		ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense			
			sion tickets			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	н				
	Date	Payee name				
	05/08/2025	Thomas Graphics, Inc				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$889.82	PO BOX 142226				
		Austin, TX 78714-2226				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri				
	EXPENDITURE	Tilling Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense			
		·	nation Certificates			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OH					