

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00088136	2 Total pages filed: 32		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Hillary G.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Hickland	SUFFIX	Date Received ELECTRONICALLY FILED 01/12/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 6318 Brayson Oaks Ct.			Date Hand-delivered or Date Postmarked		
	Belton, TX 76513			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mrs.	MI			
	NICKNAME	LAST Rebecca Tong	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2130 Allenna Ln		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Temple, TX 76502					
7 CAMPAIGN TREASURER PHONE	AREA CODE (254)	PHONE NUMBER 760-3963	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 55			12 OFFICE SOUGHT (if known)		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Hickland, Hillary G. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00088136
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 45,702.16
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 18,544.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 86,300.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Hillary G. Hickland

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Hickland, Hillary G. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00088136
20 SCHEDULE SUBTOTALS		
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 45,702.16
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 18,544.71
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/32
2 FILER NAME Hickland, Hillary G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088136
4 Date 12/10/2025	5 Full name of contributor Adkins, Linda	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Temple, TX 76504	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 12/08/2025	Full name of contributor Baird, Addie	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) self
Date 12/08/2025	Full name of contributor Blair, Pam	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Nolanville, TX 76559	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor Branham, Patricia	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/16/2025	Full name of contributor Calpine Corporation PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77002-2743	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/32
2 FILER NAME Hickland, Hillary G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088136
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheshire, Cary	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Benbrook, TX 76116	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Cheshire Industries
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Lisa	Amount of Contribution (\$) \$312.30
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) self
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Stone	Amount of Contribution (\$) \$35.03
	Contributor address; City; State; Zip Code Kempner, TX 76539	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Stone	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Kempner, TX 76539	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowell, Steve	Amount of Contribution (\$) \$104.10
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions) Steve Dowell for Congress

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/32
2 FILER NAME Hickland, Hillary G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088136
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreher, Gerald (Dr.)	7 Amount of Contribution (\$) \$104.10
	6 Contributor address; City; State; Zip Code Harker Heights, TX 76548	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Central TX VA
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Druce, Marlean	Amount of Contribution (\$) \$104.10
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Victor	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Lee	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) RSB
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc. STate PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77077	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/32
2 FILER NAME Hickland, Hillary G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088136
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks Pate Strategies, LLC 6 Contributor address; City; State; Zip Code Austin, TX 78767	7 Amount of Contribution (\$) \$500.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holman, Nathaniel Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$260.25
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Compliance Officer Samsung Austin Semiconductor	
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HomePAC of Texas Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HomePAC of Texas Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornback, Steven Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$208.20
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Pest Control self employed	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/32
2 FILER NAME Hickland, Hillary G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088136
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutton, Douglas	7 Amount of Contribution (\$) \$104.10
	6 Contributor address; City; State; Zip Code Temple, TX 76502	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isdale, Scott	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkpatrick, Robbye	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78734	
Principal occupation / Job title (See Instructions) Information requested		Employer (See Instructions) Information requested
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuykendall, Karl	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavorgna, Theresa	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Admin Assoc		Employer (See Instructions) UT Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/32
2 FILER NAME Hickland, Hillary G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088136
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longbow Consulting Partners, LLC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
	8 Principal occupation / Job title (See Instructions) Information Requested	9 Employer (See Instructions) Information Requested
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lujan, Tammy Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Information Requested	Employer (See Instructions) Information Requested
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Aurelio Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$26.03
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manton, Kent Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) City Administrator	Employer (See Instructions) City of Parker
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Enrique Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/32
2 FILER NAME Hickland, Hillary G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088136
4 Date 12/16/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00225342</u>) McGuire Woods Federal PAC-Fund 6 Contributor address; City; State; Zip Code Richmond, VA 23219	7 Amount of Contribution (\$) \$250.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) P. A. Cantorino, Inc. Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parisi, Michael Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions) Northstar Anesthesia
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Bryan Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) self
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Darla Contributor address; City; State; Zip Code Temple, TX 76504	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Retail business owner	Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/32
2 FILER NAME Hickland, Hillary G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088136
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richner, Tricia 6 Contributor address; City; State; Zip Code Temple, TX 76502	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) self		9 Employer (See Instructions) self
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seibert, D. A. Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Fred Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Joanna Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) NA
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner, Stan Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/32
2 FILER NAME Hickland, Hillary G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088136
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strang, Paul	7 Amount of Contribution (\$) \$104.10
	6 Contributor address; City; State; Zip Code Belton, TX 76513	
8 Principal occupation / Job title (See Instructions) owner		9 Employer (See Instructions) Red Box Plus Central Texas
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC	Amount of Contribution (\$) \$20,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Reasonable Solutions	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Alliance for Life PAC	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78754	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Chickasaw Nation	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Ada, OK 74820	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/32</p>
<p>2 FILER NAME Hickland, Hillary G. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00088136</p>
<p>4 Date 07/18/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekley, Richard 6 Contributor address; City; State; Zip Code Houston, TX 77027</p>	<p>7 Amount of Contribution (\$) \$2,500.00</p>
<p>8 Principal occupation / Job title (See Instructions) Chairman</p>		<p>9 Employer (See Instructions) Weekley Development Company</p>
<p>Date 12/23/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-0000</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 12/05/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Kathleen Contributor address; City; State; Zip Code Temple, TX 76504</p>	<p>Amount of Contribution (\$) \$500.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 1/19 Rpt: 14/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 09/01/2025	5 Payee name 17 South	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 17 South Main St Temple, TX 76502	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense room and staff fee for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Belton Citizen's Police Academy Alumni Association	Office sought Office held
Date 08/28/2025	Payee name Belton Citizen's Police Academy Alumni Association	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 120 Belton, TX 76513	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising event sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Belton Educational Enrichment Foundation	Office sought Office held
Date 09/08/2025	Payee name Belton Educational Enrichment Foundation	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 400 N. Wall St Belton, TX 76513	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising event sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Belton Educational Enrichment Foundation	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 2/19 Rpt: 15/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 12/08/2025	5 Payee name Bold Republic Brewing Co	
6 Amount (\$) \$1,000.00	7 Payee address; City; 7070 Stone Hollow Dr Temple, TX 76502	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facility rental and food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name CAMP Political LLC	
Amount (\$) \$2,728.32	Payee address; City; 401 NE 46th St Oklahoma City, OK 73105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name CTR-W-PAC	
Amount (\$) \$44.00	Payee address; City; PO BOX 24 Belton, TX 76513	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense admission monthly luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 3/19 Rpt: 16/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 09/29/2025	5 Payee name CTRW-PAC	
6 Amount (\$) \$27.00	7 Payee address; City; PO BOX 24 Belton, TX 76513	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense admission monthly luncheon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CTRW-PAC	Office sought Office held
Date 09/29/2025	Payee name CTRW-PAC	
Amount (\$) \$27.00	Payee address; City; PO BOX 24 Belton, TX 76513	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense admission monthly luncheon fee staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CTRW-PAC	Office sought Office held
Date 10/06/2025	Payee name CTRW-PAC	
Amount (\$) \$64.00	Payee address; City; PO BOX 24 Belton, TX 76513	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense admission for self and staff to monthly luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CTRW-PAC	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 4/19 Rpt: 17/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 11/02/2025	5 Payee name CTRW-PAC	
6 Amount (\$) \$44.00	7 Payee address; City; State; Zip Code PO BOX 24 Belton, TX 76513	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meal expense-luncheon meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CTRW-PAC	Office sought Office held
Date 11/17/2025	Payee name CTRW-PAC	
Amount (\$) \$44.00	Payee address; City; State; Zip Code PO BOX 24 Belton, TX 76513	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense luncheon fee-meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CTRW-PAC	Office sought Office held
Date 12/01/2025	Payee name CTRW-PAC	
Amount (\$) \$44.00	Payee address; City; State; Zip Code PO BOX 24 Belton, TX 76513	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense luncheon meeting fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CTRW-PAC	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 5/19 Rpt: 18/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 08/22/2025	5 Payee name Childrens Advocacy Center	
6 Amount (\$) \$266.50	7 Payee address; City; 402 N Main St Belton, TX 76513	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense admission to banquet fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Community Foundation of the Texas Hill Country	
Amount (\$) \$1,033.59	Payee address; City; 241 Garrett St Kerrville, TX 78028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to flood relief
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Cotton Court Hotel	
Amount (\$) \$1,422.76	Payee address; City; 1610 Broadway Lubbock, TX 79401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel lodging--legislative conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 6/19 Rpt: 19/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 07/31/2025	5 Payee name ExtraCo Banks	
6 Amount (\$) \$3.00	7 Payee address; City; PO BOX 6101 Temple, TX 76503	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense account service charge
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name ExtraCo Banks	
Amount (\$) \$3.00	Payee address; City; PO BOX 6101 Temple, TX 76503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense account service charge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name ExtraCo Banks	
Amount (\$) \$3.00	Payee address; City; PO BOX 6101 Temple, TX 76503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense account service charge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 7/19 Rpt: 20/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 10/31/2025	5 Payee name ExtraCo Banks	
6 Amount (\$) \$3.00	7 Payee address; City; PO BOX 6101 Temple, TX 76503	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense account service charge
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ExtraCo Banks	Office sought Office held
Date 11/28/2025	Payee name ExtraCo Banks	
Amount (\$) \$3.00	Payee address; City; PO BOX 6101 Temple, TX 76503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense account service charge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ExtraCo Banks	Office sought Office held
Date 12/31/2025	Payee name ExtraCo Banks	
Amount (\$) \$3.00	Payee address; City; PO BOX 6101 Temple, TX 76503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Account Service Charge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ExtraCo Banks	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 8/19 Rpt: 21/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 08/22/2025	5 Payee name Family Promise	
6 Amount (\$) \$156.89	7 Payee address; City; State; Zip Code 1411 E Ave N Temple, TX 76501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense admission to banquet fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name GoDaddy	
Amount (\$) \$295.31	Payee address; City; State; Zip Code 14455 N Hayden Rd Suite 219 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense webhosting domain fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name MOAA Central Texas	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 2326 Harker Heights, TX 76548-0986	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship for fundraising event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 9/19 Rpt: 22/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 07/14/2025	5 Payee name MailChimp	
6 Amount (\$) \$13.86	7 Payee address; City; 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) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email management fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MailChimp	Office sought Office held
Date 08/14/2025	Payee name MailChimp	
Amount (\$) \$13.86	Payee address; City; 405 N Angier Ave NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email management fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MailChimp	Office sought Office held
Date 09/15/2025	Payee name MailChimp	
Amount (\$) \$13.86	Payee address; City; 405 N Angier Ave NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email management fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MailChimp	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 10/19 Rpt: 23/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 10/14/2025	5 Payee name MailChimp	
6 Amount (\$) \$13.86	7 Payee address; City; 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) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email management service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MailChimp	Office sought Office held
Date 11/14/2025	Payee name MailChimp	
Amount (\$) \$13.86	Payee address; City; 405 N Angier Ave NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email communication service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MailChimp	Office sought Office held
Date 12/15/2025	Payee name MailChimp	
Amount (\$) \$13.86	Payee address; City; 405 N Angier Ave NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email management service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MailChimp	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 11/19 Rpt: 24/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 08/27/2025	5 Payee name Matts El Rancho	
6 Amount (\$) \$161.60	7 Payee address; City; 2613 S Lamar Blvd Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff dinner
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/26/2025	Payee name National Association of Christian Lawmakers	
Amount (\$) \$100.00	Payee address; City; P.O. Box 10388 Conway, AR 72034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Membership Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name Posey, Josh	
Amount (\$) \$500.00	Payee address; City; 16635 Spring Cypress Rd unit 91 Cypress, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital content
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 12/19 Rpt: 25/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 08/19/2025	5 Payee name Posey, Josh	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 16635 Spring Cypress Rd unit 91 Cypress, TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital content
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name Candidate/Officeholder name Payee name	Office sought Office held Office sought Office held
Date 09/02/2025	Payee name Posey, Josh	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 16635 Spring Cypress Rd unit 91 Cypress, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital content
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name Candidate/Officeholder name Payee name	Office sought Office held Office sought Office held
Date 11/02/2025	Payee name Posey, Josh	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Cypress, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital content
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name Candidate/Officeholder name Payee name	Office sought Office held Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 13/19 Rpt: 26/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 12/01/2025	5 Payee name Posey, Josh	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Cypress, TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital content
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Primo Brands	
Amount (\$) \$35.28	Payee address; City; State; Zip Code 16420 N I35 Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water fee for capitol office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/08/2025	Payee name Primo Brands	
Amount (\$) \$42.28	Payee address; City; State; Zip Code 16420 N I35 Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee for water service at capitol office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 14/19 Rpt: 27/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 08/21/2025	5 Payee name Primo Brands	
6 Amount (\$) \$4.43	7 Payee address; City; State; Zip Code 16420 N I35 Austin, TX 78728	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water service charges for Capitol office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Primo Brands	
Amount (\$) \$35.28	Payee address; City; State; Zip Code 16420 N I35 Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water service fee for capitol office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Primo Brands	
Amount (\$) \$4.32	Payee address; City; State; Zip Code 16420 N I35 Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water service for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 15/19 Rpt: 28/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 12/18/2025	5 Payee name Primo Brands	
6 Amount (\$) \$4.32	7 Payee address; City; State; Zip Code 16420 N I35 Austin, TX 78728	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Service fee for Office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name Republican Party of Texas	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 807 Brazos Street Suite 701 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Filing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/07/2025	Payee name TX GOP County Chair	
Amount (\$) \$205.80	Payee address; City; State; Zip Code Temple Education Foundation 401 Santa Fe Way Temple , TX 76501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banquet admission
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 16/19 Rpt: 29/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 08/25/2025	5 Payee name Temple Area Builders Association	
6 Amount (\$) \$150.00	7 Payee address; City; 12 N 5th St Temple, TX 76501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense admission to banquet fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Temple Chamber of Commerce	
Amount (\$) \$50.00	Payee address; City; 201 Santa Fe Way unit 105 Temple, TX 76501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas parade entry fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name TenTen	
Amount (\$) \$81.17	Payee address; City; 501 W 6th St Austin, TX 76701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense working dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 17/19 Rpt: 30/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136
4 Date 07/24/2025	5 Payee name Texas Republican County Chairs Association	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code P.O. Box 955 Corpus Christi, TX 78403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense admission to banquet fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name TexasFRW PAC	
Amount (\$) \$78.44	Payee address; City; State; Zip Code PO BOX 171146 Austin, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quarterly meeting convention fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name USPS	
Amount (\$) \$192.00	Payee address; City; State; Zip Code 111 N. Wall St Belton, TX 76513	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense post office box fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 18/19 Rpt: 31/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136	
4 Date 10/29/2025	5 Payee name WinRed Technical Services LLC		
6 Amount (\$) \$10.25	7 Payee address; City; 1776 Wilson Blvd Ste 305 Arlington, VA 22209	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/28/2025	Payee name WinRed Technical Services LLC		
Amount (\$) \$14.74	Payee address; City; 1776 Wilson Blvd Ste 305 Arlington, VA 22209	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/24/2025	Payee name WinRed Technical Services LLC		
Amount (\$) \$91.02	Payee address; City; 1776 Wilson Blvd Ste 305 Arlington, VA 22209	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 19/19 Rpt: 32/32	2 FILER NAME Hickland, Hillary G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088136	
4 Date 12/31/2025	5 Payee name WinRed Technical Services LLC		
6 Amount (\$) \$10.25	7 Payee address; City; 1776 Wilson Blvd Ste 305 Arlington, VA 22209	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held