

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) 00084135		2 Total pages filed: 47	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Lacey M.	MI	
	NICKNAME		LAST Hull	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 19231 Houston, TX 77224		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/15/2026			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mrs.		FIRST Elizabeth	MI
		NICKNAME Buffie		LAST Ingersoll	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9 Rollingwood Dr Houston, TX 77080			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (713) 446-6426			
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 Day Year THROUGH Month Day Year 07/01/2025 12/31/2025			
10 ELECTION		ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" 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 138		12 OFFICE SOUGHT (if known) State Representative District 138	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Hull, Lacey M. (The Honorable)	14 Filer ID	(Ethics Commission Filers) 00084135
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	Texas Alliance for Life PAC	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		8000 Centre Park Dr	
		Austin, TX 78754	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Shaw, James		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	4545 Corazon Cv		
	Round Rock, TX 78681		

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	152.05
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	130,056.88
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	45.45
	4.	TOTAL POLITICAL EXPENDITURES	\$	88,744.34
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	379,458.18
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 Lacey M. Hull

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 Hull, Lacey M. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00084135
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 129,931.88
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 125.00
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	\$ 75,470.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 22,403.27
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: 4/47
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Builders and Contractors of TX PAC Contributor address; City; State; Zip Code Austin, TX 78767	Amount of Contribution (\$) \$1,000.00
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#: _____) Austin Firefighters Association PAC Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Autenreith, Michael Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) 6E Construction
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresnen, Amy Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/47
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Pierce <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) BBBS Lone Star
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Judy <hr/> Contributor address; City; State; Zip Code Austin, TX 78652	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/05/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC-1549283</u>) CVS Health PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantrell, John <hr/> Contributor address; City; State; Zip Code Hosuton, TX 77019	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) HTXUSA, LLC
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, James <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/47
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comcast Corporation & NBCUniversal PAC <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19103	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowell, Ronnye <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/14/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC C0078229</u>) DentaQuest PAC <hr/> Contributor address; City; State; Zip Code Boston, MA 02129	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin Burrows Campaign <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79408	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC-1687827</u>) Eli Lilly and Company Political Action Committee <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 45285	Amount of Contribution (\$) \$1,500.00
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: 7/47
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finkelman, Ronnie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77080	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Scope Imports
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley & Lardner LLP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funds Available for Involved Reporters <hr/> Contributor address; City; State; Zip Code Athens, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC C0019925</u>) GenenPAC <hr/> Contributor address; City; State; Zip Code So. San Fransisco, CA 94080	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC C0007681</u>) General Motors Company Political Action Committee <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$500.00
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: 5/10 Rpt: 8/47
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goli, Sadasivareddy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77228	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions) unknown
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc. State Pac <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Governance Fund <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Darin <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Arete Public Affairs
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Home PAC- Greater Houston Builders Association <hr/> Contributor address; City; State; Zip Code Houston, TX 77064	Amount of Contribution (\$) \$1,500.00
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: 6/10 Rpt: 9/47
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Apartment Association PAC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77041	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Officers' Union PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7730	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Darren <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) oil co manager		Employer (See Instructions) TotalEnergies EP New Ventures
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landrum, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselank Rochelle & Townsend, PC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
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: 7/10 Rpt: 10/47
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonsdale, Joe <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) partner		9 Employer (See Instructions) 8VC
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Daniel <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuireWoods Federal PAC Fund <hr/> Contributor address; City; State; Zip Code Richmond, VA 23219	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Appraisal Services		Employer (See Instructions) Edward Miller Real Estate
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NRG Energy PAC <hr/> Contributor address; City; State; Zip Code Houston, NJ 77002	Amount of Contribution (\$) \$2,500.00
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: 8/10 Rpt: 11/47
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oden, Kelly 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) rel estate		9 Employer (See Instructions) self employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumney, Tom Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) estimator		Employer (See Instructions) TC Const
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Service Corporation International PAC Contributor address; City; State; Zip Code Houston, TX 77219	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#: _____) Southwest Airlines Co. Political Action Committee Contributor address; City; State; Zip Code Dallas, TX 75235	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#: _____) TALAPAC Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$2,500.00
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: 9/10 Rpt: 12/47
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$50,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Agricultural Aviation Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
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#: _____) Texas Alliance for Life PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$100.00
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#: _____) Texas Apartment Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-1951	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
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: 10/10 Rpt: 13/47
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/06/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC-1894134</u>) Troutman Pepper Locke LLP PAC <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30300	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Brad <hr/> Contributor address; City; State; Zip Code Houston, TX 77252	Amount of Contribution (\$) \$2,602.54
Principal occupation / Job title (See Instructions) executive		Employer (See Instructions) Mustang Machinery Company
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UnitedHealth Group PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77724	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitmire, Whitney <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$364.36
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Whitmire Munoz LLC
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/47	
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/31/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	8 Amount of contribution (\$) \$125.00	9 In-kind contribution description Advertising for fundraising event 6/30/2025
	7 Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 15/47	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/16/2025	5 Payee name Bank Of Texas	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 13230 W Little York Rd Houston, TX 77041	
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 fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Berry Communications	
Amount (\$) \$30,000.00	Office sought 1005 Congress Ste 460 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 consulting fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/29/2025	Candidate/Officeholder name Brennan, Caitlin	
Amount (\$) \$500.00	Office sought [REDACTED PER 254.0401, ELEC. CODE] Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Christmas gift
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 16/47	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 10/14/2025	5 Payee name Butler, Judy	
6 Amount (\$) \$546.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Manchaca, TX 78652	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 mileage reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/17/2025	Payee name Chase	
Amount (\$) \$8,156.39	Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2025	Payee name Chase	
Amount (\$) \$2,133.57	Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 17/47	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 11/07/2025	5 Payee name Chase	
6 Amount (\$) \$2,306.14	7 Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Chase	
Amount (\$) \$11,161.82	Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name Cy-Fair Republican Women	
Amount (\$) \$334.00	Payee address; City; State; Zip Code 10750 Barker Cypress Road Ste 104 #153 Houston, TX 77443	
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 donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 18/47	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 11/17/2025	5 Payee name Cy-Fair Republican Women	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 10750 Barker Cypress Road Ste 104 #153 Houston, TX 77443	
8 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 membership dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/29/2025	Candidate/Officeholder name Fankell, Emily	
Amount (\$) \$1,500.00	Office sought Office held	
PAYEE ADDRESS	City; State; Zip Code	
REDACTED PER 254.0401, ELEC. CODE		
Austin, TX 78756		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Christmas gift
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Fankell, Emily	
Amount (\$) \$3,375.00	Office sought Office held	
PAYEE ADDRESS	City; State; Zip Code	
REDACTED PER 254.0401, ELEC. CODE		
Austin, TX 78756		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 campaign labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate/Officeholder name	
Amount (\$)	Office sought	
PAYEE ADDRESS	City; State; Zip Code	
REDACTED PER 254.0401, ELEC. CODE		
Austin, TX 78756		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 campaign labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 19/47	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 11/10/2025	5 Payee name HCRP	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 8588 Katy Freeway Suite 445 Houston, TX 77024	
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 filing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2025	Payee name Magic Circle Republican Women	
Amount (\$) \$835.00	Payee address; City; State; Zip Code 6711 Belmont St. Houston, TX 77055	
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 Leadership Legacy sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2025	Payee name Magic Circle Republican Women	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 6711 Belmont St. Houston, TX 77055	
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 membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 20/47	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 09/20/2025	5 Payee name Neptune Sushi	
6 Amount (\$) \$115.42	7 Payee address; City; State; Zip Code 501 W 6th St. Austin, TX 78701	
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 meal with staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/04/2025	Payee name Scot, Johana	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 session gift
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Scot, Johana	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Christmas gift
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 21/47	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 09/08/2025	5 Payee name Starbucks	
6 Amount (\$) \$36.98	7 Payee address; City; State; Zip Code 9209 WEST ROAD Houston, TX 77064	
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 coffee for precinct chair meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name State Preservation Board	
Amount (\$) \$110.96	Payee address; City; State; Zip Code 201 E 14th St. Austin, TX 78701	
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 rental fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2025	Payee name Texans for Marty Lancton	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 131236 Houston, TX 77219	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 22/47	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 11/10/2025	5 Payee name USPS	
6 Amount (\$) \$15.69	7 Payee address; City; State; Zip Code 10505 town and Country Way Houston, TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 district ornament postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name USPS	
Amount (\$) \$115.20	Payee address; City; State; Zip Code 10505 town and Country Way Houston, TX 77024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Christmas gift postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2025	Payee name Village Republican Women	
Amount (\$) \$60.00	Payee address; City; State; Zip Code PO Box 79924 Houston, TX 77279	
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 membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 23/47	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/18/2025	5 Payee name Walker, Krysta	
6 Amount (\$) \$1,800.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Magnolia, TX 77355	
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 campaign labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name Walker, Krysta	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Magnolia, TX 77355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Christmas gift
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name Walmart	
Amount (\$) \$35.45	Payee address; City; State; Zip Code 2670 Northwest Highway Cypress, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraiser supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 24/47	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 12/31/2025	5 Payee name Winred	
6 Amount (\$) \$472.08	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
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 fees for reporting period
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/23 Rpt: 25/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution Chase		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$68.95	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
7 PAYEE	(a) Payee name Extra Space Storage		(b) Payee address; City, State, Zip Code 1014 Katy Fwy Houston, TX 77043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description storage unit
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$60.62	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S Interstate 35 Austin, TX 78747
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description water delivery
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$56.56	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name SquareSpace Inc		(b) Payee address; City, State, Zip Code 225 Varick St. New York, NY 10014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description web servcies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/23 Rpt: 26/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$56.56	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
7 PAYEE	(a) Payee name SquareSpace Inc		(b) Payee address; City, State, Zip Code 225 Varick St. New York, NY 10014
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description web services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,033.59	(b) Date of Charge 07/06/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name Community Foundation of the TX		(b) Payee address; City, State, Zip Code 301 Junction Highway Kerville, TX 78028
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$24.82	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S Interstate 35 Austin, TX 78747
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description water delivery
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/23 Rpt: 27/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$63.96	(b) Date of Charge 07/06/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
7 PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 677 Ponce de Leon Ave NE Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description newsletter service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$32.70	(b) Date of Charge 08/05/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name The Well		(b) Payee address; City, State, Zip Code 440 W 2nd St Austin, TX 78701
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$63.96	(b) Date of Charge 08/06/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 677 Ponce de Leon Ave NE Atlanta, GA 30308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description newsletter service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/23 Rpt: 28/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$139.05	(b) Date of Charge 08/10/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
7 PAYEE	(a) Payee name Small People CDC		(b) Payee address; City, State, Zip Code 2427 Hacintas Way Houston, TX 77073
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Opinion 547 expense		(b) Description childcare
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,041.98	(b) Date of Charge 08/22/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
PAYEE	(a) Payee name Texans for Medical Freedom		(b) Payee address; City, State, Zip Code PO Box 175272 Arlington TX, TX 76003
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$191.37	(b) Date of Charge 07/21/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name Marriot		(b) Payee address; City, State, Zip Code 7750 Wisconsin Ave Bethesda, MD 20814
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description lodging in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/23 Rpt: 29/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$34.09	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
7 PAYEE	(a) Payee name The Well		(b) Payee address; City, State, Zip Code 440 W 2nd St Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$69.01	(b) Date of Charge 07/29/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name Neptune Sushi		(b) Payee address; City, State, Zip Code 501 W 6th St. Austin, TX 78701
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$119.26	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name The Well		(b) Payee address; City, State, Zip Code 440 W 2nd St Austin, TX 78701
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/23 Rpt: 30/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$73.94	(b) Date of Charge 08/06/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
7 PAYEE	(a) Payee name Neptune Sushi		(b) Payee address; City, State, Zip Code 501 W 6th St. Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$93.15	(b) Date of Charge 08/08/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name Village Republican Women		(b) Payee address; City, State, Zip Code PO Box 79924 Houston, TX 77279
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description luncheon fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$463.50	(b) Date of Charge 08/23/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
PAYEE	(a) Payee name Small People CDC		(b) Payee address; City, State, Zip Code 2427 Hacintas Way Houston, TX 77073
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Opinion 547 expense		(b) Description childcare
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/23 Rpt: 31/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$68.95	(b) Date of Charge 07/27/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
7 PAYEE	(a) Payee name Extra Space Storage		(b) Payee address; City, State, Zip Code 1014 Katy Fwy Houston, TX 77043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description storage unit
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$48.06	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 08/17/2025
PAYEE	(a) Payee name Neptune Sushi		(b) Payee address; City, State, Zip Code 501 W 6th St. Austin, TX 78701
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$430.99	(b) Date of Charge 09/22/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
PAYEE	(a) Payee name Marriot		(b) Payee address; City, State, Zip Code 7750 Wisconsin Ave Bethesda, MD 20814
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description lodging in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/23 Rpt: 32/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$12.99	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
7 PAYEE	(a) Payee name The Well		(b) Payee address; City, State, Zip Code 440 W 2nd St Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$48.00	(b) Date of Charge 09/09/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
PAYEE	(a) Payee name Village Republican Women		(b) Payee address; City, State, Zip Code PO Box 79924 Houston, TX 77279
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description luncheon fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$56.56	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
PAYEE	(a) Payee name SquareSpace Inc		(b) Payee address; City, State, Zip Code 225 Varick St. New York, NY 10014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description web services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/23 Rpt: 33/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$348.72	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
7 PAYEE	(a) Payee name Marriot		(b) Payee address; City, State, Zip Code 7750 Wisconsin Ave Bethesda, MD 20814
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description lodging in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$63.96	(b) Date of Charge 09/06/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 677 Ponce de Leon Ave NE Atlanta, GA 30308
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description newsletter service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$47.12	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
PAYEE	(a) Payee name The Well		(b) Payee address; City, State, Zip Code 440 W 2nd St Austin, TX 78701
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/23 Rpt: 34/47		2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$463.50	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025	
7 PAYEE		(a) Payee name Small People CDC		(b) Payee address; City, State, Zip Code 2427 Hacintas Way Houston, TX 77073	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Opinion 547 expense		(b) Description childcare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$25.65	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025	
PAYEE		(a) Payee name The Well		(b) Payee address; City, State, Zip Code 440 W 2nd St Austin, TX 78701	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal in Austin	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$36.77	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025	
PAYEE		(a) Payee name Magic Circle Republican Women		(b) Payee address; City, State, Zip Code 6711 Belmont St. Houston, TX 77055	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description luncheon fee	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/23 Rpt: 35/47		2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$63.96	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
7 PAYEE		(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 677 Ponce de Leon Ave NE Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description newsletter service	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$73.23	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
PAYEE		(a) Payee name Magic Circle Republican Women		(b) Payee address; City, State, Zip Code 6711 Belmont St. Houston, TX 77055	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description luncheon fee	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$156.56	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
PAYEE		(a) Payee name Magic Circle Republican Women		(b) Payee address; City, State, Zip Code 6711 Belmont St. Houston, TX 77055	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description HCRP dinner sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/23 Rpt: 36/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$120.00	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Canva		(b) Payee address; City, State, Zip Code 110 Kippax St NSW 2010 Australia
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description subscription fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$24.82	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S Interstate 35 Austin, TX 78747
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description water delivery
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$20.82	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Houston Young Republicans		(b) Payee address; City, State, Zip Code 3733 Westheimer Rd 424 Houston, TX 77027
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description membership dues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/23 Rpt: 37/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$115.07	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Jenny's Flower Shop		(b) Payee address; City, State, Zip Code 9819 Long Point Rd Unit B Houston, TX 77055
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description thank you gift
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$68.95	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
PAYEE	(a) Payee name Extra Space Storage		(b) Payee address; City, State, Zip Code 1014 Katy Fwy Houston, TX 77043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description storage unit
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
PAYEE	(a) Payee name Cy-Fair Educational Foundation		(b) Payee address; City, State, Zip Code PO Box 1698 Houston, TX 77410
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description gala sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/23 Rpt: 38/47		2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$45.83	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025	
7 PAYEE		(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S Interstate 35 Austin, TX 78747	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description water delivery	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$124.48	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025	
PAYEE		(a) Payee name X		(b) Payee address; City, State, Zip Code 1355 Market Street San Fransisco, TX 94103	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description annual subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$465.50	(b) Date of Charge 10/19/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
PAYEE		(a) Payee name Small People CDC		(b) Payee address; City, State, Zip Code 2427 Hacintas Way Houston, TX 77073	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Opinion 547 expense		(b) Description childcare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/23 Rpt: 39/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$133.56	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
7 PAYEE	(a) Payee name Target		(b) Payee address; City, State, Zip Code 984 Gessner Houston, TX 77024
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description HPD Trunk or Treat candy
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$93.15	(b) Date of Charge 10/14/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025
PAYEE	(a) Payee name Village Republican Women		(b) Payee address; City, State, Zip Code PO Box 79924 Houston, TX 77279
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description luncheon fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$258.75	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025
PAYEE	(a) Payee name CrimeStoppers of Houston		(b) Payee address; City, State, Zip Code 3001 Main St Houston, TX 77002
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description gala donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/23 Rpt: 40/47		2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$231.75	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
7 PAYEE		(a) Payee name Small People CDC		(b) Payee address; City, State, Zip Code 2427 Hacintas Way Houston, TX 77073	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Opinion 547 expense		(b) Description childcare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$108.45	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
PAYEE		(a) Payee name Neptune Sushi		(b) Payee address; City, State, Zip Code 501 W 6th St. Austin, TX 78701	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal in Austin	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$73.23	(b) Date of Charge 10/14/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
PAYEE		(a) Payee name Magic Circle Republican Women		(b) Payee address; City, State, Zip Code 6711 Belmont St. Houston, TX 77055	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description luncheon fee	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 17/23 Rpt: 41/47		2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$60.00	(b) Date of Charge 10/29/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
7 PAYEE		(a) Payee name Cy-Fair Republican Women		(b) Payee address; City, State, Zip Code 10750 Barker Cypress Road Ste 104 #153 Houston, TX 77443	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description luncheon fee	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$231.75	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
PAYEE		(a) Payee name Small People CDC		(b) Payee address; City, State, Zip Code 2427 Hacintas Way Houston, TX 77073	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Opinion 547 expense		(b) Description childcare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$56.56	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025	
PAYEE		(a) Payee name SquareSpace Inc		(b) Payee address; City, State, Zip Code 225 Varick St. New York, NY 10014	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description web services	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 18/23 Rpt: 42/47		2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$56.56	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
7 PAYEE		(a) Payee name SquareSpace Inc		(b) Payee address; City, State, Zip Code 225 Varick St. New York, NY 10014	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description web services	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$33.82	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 11/17/2025	
PAYEE		(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S Interstate 35 Austin, TX 78747	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description water delivery	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$541.25	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Capitol Gift Shop		(b) Payee address; City, State, Zip Code 1400 N Congress Austin, TX 78701	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description ornament gifts	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 19/23 Rpt: 43/47		2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$101.11	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Phoebe's Diner		(b) Payee address; City, State, Zip Code 408 W 11th Austin, TX 78701	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meal with staff	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$312.30	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Houston Young Republicans		(b) Payee address; City, State, Zip Code 3733 Westheimer Rd 424 Houston, TX 77027	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description sponsorship donation	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$111.24	(b) Date of Charge 12/14/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Small People CDC		(b) Payee address; City, State, Zip Code 2427 Hacintas Way Houston, TX 77073	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Opinion 547 expense		(b) Description childcare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/23 Rpt: 44/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$93.00	(b) Date of Charge 12/27/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Extra Space Storage		(b) Payee address; City, State, Zip Code 1014 Katy Fwy Houston, TX 77043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description storage unit
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$7,615.20	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Campaign Advocacy		(b) Payee address; City, State, Zip Code 401 NE 46th St Oklahoma City, OK 73105
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Christmas card
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$93.15	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid 11/06/2025
PAYEE	(a) Payee name Village Republican Women		(b) Payee address; City, State, Zip Code PO Box 79924 Houston, TX 77279
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description luncheon fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 21/23 Rpt: 45/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$63.96	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 677 Ponce de Leon Ave NE Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description newsletter service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$3,546.62	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Campaign Advocacy		(b) Payee address; City, State, Zip Code 401 NE 46th St Oklahoma City, OK 73105
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description fundraiser invite
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$63.96	(b) Date of Charge 10/06/2025	(c) Date(s) Credit Card Issuer Paid 10/10/2025
PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 677 Ponce de Leon Ave NE Atlanta, GA 30308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description newsletter service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 22/23 Rpt: 46/47		2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$463.50	(b) Date of Charge 11/30/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Small People CDC		(b) Payee address; City, State, Zip Code 2427 Hacintas Way Houston, TX 77073	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Opinion 547 expense		(b) Description childcare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$93.00	(b) Date of Charge 11/27/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Extra Space Storage		(b) Payee address; City, State, Zip Code 1014 Katy Fwy Houston, TX 77043	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description storage unit	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$56.56	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name SquareSpace Inc		(b) Payee address; City, State, Zip Code 225 Varick St. New York, NY 10014	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description web services	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/23 Rpt: 47/47	2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$119.57	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Jenny's Flower Shop	(b) Payee address; City, State, Zip Code 9819 Long Point Rd Unit B Houston, TX 77055	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description thank you gift
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		