

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: 31									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Lacey M.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/23/2026								
	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	Date Hand-delivered or Date Postmarked								
			Receipt #	Amount								
			Date Processed									
			Date Imaged									
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); 9 Rollingwood Dr Houston, TX 77080		APT / SUITE #;	CITY; STATE; ZIP CODE								
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 446-6426	EXTENSION									
8 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>				<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input 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 checked="" 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 01/23/2026		THROUGH	Month Day Year 02/21/2026								
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									

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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 checked="" 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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Texans for Property Rights
		COMMITTEE ADDRESS PO Box 29086 Dallas, TX 75229
		COMMITTEE CAMPAIGN TREASURER NAME Buxie, John
		COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 834 Austin, TX 78768

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 180,882.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 300.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 98,638.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 449,501.41
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

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH
ADDENDUM

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C / OH NAME	Hull, Lacey M. (The Honorable)	Filer ID	(Ethics Commission Filers)
		00084135	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	Alliance of Texans for Conservative Leadership PAC	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		11700 Preston Rd	
		Dallas, TX 75230	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Bumpus, Marshall		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	8558 Katy Fwy		
	Ste 105		
	Houston, TX 77024		

NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	Texas Alliance for Life PAC	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		800 Centre Park Rd	
		Ste 380	
	Austin, TX 78754		
	COMMITTEE CAMPAIGN TREASURER NAME		
	Shaw, James		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	4505 Corazon Cv		
	Round Rock, TX 78681		

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
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 147,205.37
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 33,676.86
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	\$ 55,456.56
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	\$ 44,280.14
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: 1/12 Rpt: 5/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AT&T Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlberg, Trevor <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Michelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78763	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Builders and Contractors of Greater Houston PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	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: 2/12 Rpt: 6/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated General Contractors of Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78768	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caterpillar Inc PAC <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Centerpoint Energy, Inc. PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77210-4567	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Schools Now 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)
Date 02/09/2026	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC C0003500</u>) Chevron Employees PAC <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94583	Amount of Contribution (\$) \$1,000.00
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: 3/12 Rpt: 7/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin Burrows Campaign	7 Amount of Contribution (\$) \$25,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78767	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EHRA Engineering PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77042	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Empower Pharma LLC PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77064	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finkelman, Ronnie	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77080	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Scope Imports
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Sandra	Amount of Contribution (\$) \$208.20
	Contributor address; City; State; Zip Code Houston, TX 77041	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 8/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/18/2026	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 1891330) HB Strategies PAC <hr/> 6 Contributor address; City; State; Zip Code Jefferson City, MO 65101	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSPAC <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)
Date 02/06/2026	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 00086633) Health Care Service Cooperation PAC <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Home PAC of Texas - Texas Association of Builders <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	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 (\$) \$10,500.00
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: 5/12 Rpt: 9/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/06/2026	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 (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Pilots PAC <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	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 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Ray <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 02/06/2026	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 10/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 01/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesikar, Woody	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Houston, TX 77094		
8 Principal occupation / Job title (See Instructions) Airport Manager		9 Employer (See Instructions) West Houston Airport
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouton, Amy	Amount of Contribution (\$) \$104.10
Contributor address; City; State; Zip Code Houston, TX 77040		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAIFA Texas IFA PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, David	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 02/21/2026	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC-1780381</u>) Pediatrix Medical Group Inc Texas PAC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Sunrise, FL 33323		
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: 7/12 Rpt: 11/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raceland Consulting LLC	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Eagle Lake, TX 77434	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reasonable Government PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Patrick	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sass, Walter	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77450	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
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: 8/12 Rpt: 12/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSAPAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-1665	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TXTA TruckPAC <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)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Health Plans PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$7,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Construction Association 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)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Consumer Lenders PAC <hr/> Contributor address; City; State; Zip Code Greenville, SC 29815	Amount of Contribution (\$) \$1,000.00
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: 9/12 Rpt: 13/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Health Care Association Political Action <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Leads PAC <hr/> 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 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nurse Practitioners PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Oil & Gas Association Good Government Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$3,000.00
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: 10/12 Rpt: 14/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Oral and Maxillofacial Surgeons PAC <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Restaurant Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Telephone Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$750.00
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: 11/12 Rpt: 15/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/18/2026	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC C0028488</u>) The Home Depot Inc. Political Action Committee	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code Washington, DC 20004		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toofan, Moe	Amount of Contribution (\$) \$520.51
Contributor address; City; State; Zip Code Houston, TX 77055		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) TBR construction
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Touchstone Political Action Committee	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code San Antonio, TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC-1894134</u>) Troutman Pepper Locke LLP PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Atlanta, GA 30300		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanhoose, Laurie	Amount of Contribution (\$) \$520.51
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Treaty Oak Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 16/31
2 FILER NAME Hull, Lacey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Russell <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Jr., Frederic C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) physician
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachary Corporation PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78285	Amount of Contribution (\$) \$500.00
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: 1/3 Rpt: 17/31	
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 01/30/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	8 Amount of contribution (\$) \$149.10	9 In-kind contribution description MMS messaging data acquisition
	7 Contributor address; City; State; Zip Code Austin, TX 78701		
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)			
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of contribution (\$) \$1,565.63	In-kind contribution description digital/social media advertising
	Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of contribution (\$) \$666.68	In-kind contribution description text messages
	Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/3 Rpt: 18/31	
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 02/19/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Greg Abbott	8 Amount of contribution (\$) \$1,020.36	9 In-kind contribution description event
	7 Contributor address; City; State; Zip Code Austin, TX 78767		
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)			
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC	Amount of contribution (\$) \$7,750.00	In-kind contribution description campaign polling
	Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC	Amount of contribution (\$) \$11,255.09	In-kind contribution description campaign direct mail
	Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 19/31	
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 02/10/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Conservative Coalition PAC	8 Amount of contribution (\$) \$20.00	9 In-kind contribution description graphics for advertising
	7 Contributor address; City; State; Zip Code Austin, TX 78768		
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)			
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Conservative Majority PAC	Amount of contribution (\$) \$7,750.00	In-kind contribution description polling
	Contributor address; City; State; Zip Code Austin, TX 78767		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Conservative Majority PAC	Amount of contribution (\$) \$3,500.00	In-kind contribution description canvassing
	Contributor address; City; State; Zip Code Austin, TX 78767		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 1/5 Rpt: 20/31	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 01/29/2026	5 Payee name Chase	
6 Amount (\$) \$2,101.01	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2026	Payee name Chase	
Amount (\$) \$13,273.80	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2026	Payee name Chase	
Amount (\$) \$11,880.09	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 2/5 Rpt: 21/31	2	FILER NAME Hull, Lacey M. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00084135
4	Date 02/09/2026	5	Payee name Chase		
6	Amount (\$) \$797.67	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		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/13/2026		Payee name Chase		
	Amount (\$) \$1,643.13		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		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/19/2026		Payee name Chase		
	Amount (\$) \$11,255.09		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		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 3/5 Rpt: 22/31	2	FILER NAME Hull, Lacey M. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00084135
4	Date 02/02/2026	5	Payee name Cultura Media Group		
6	Amount (\$) \$1,351.00	7	Payee address; City; State; Zip Code 11601 Shadow Creek Pkwy Pearland, TX 77584		
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 signs		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/17/2026		Payee name Cultura Media Group		
	Amount (\$) \$1,292.00		Payee address; City; State; Zip Code 11601 Shadow Creek Pkwy Pearland, TX 77584		
	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 signs		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/20/2026		Payee name HCRP		
	Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 8588 Katy Freeway Suite 445 Houston, TX 77024		
	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 SD conventions sponsorship		
		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: 4/5 Rpt: 23/31	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4	Date 01/27/2026	5 Payee name Ryan Data & Research	
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P.O. Box 202675 Austin, TX 78720-2675	
8	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 polling
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 01/27/2026	Candidate/Officeholder name Texas GOP Store	
	Amount (\$) \$4,275.88	Office sought 404 I-45 Huntsville, TX 77488	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 02/02/2026	Candidate/Officeholder name Walker, Krysta	
	Amount (\$) \$4,000.00	Office sought REDACTED PER 254.0401, ELEC. CODE Magnolia, TX 77355	
	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
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 24/31	2 FILER NAME Hull, Lacey M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084135
4 Date 02/21/2026	5 Payee name Winred	
6 Amount (\$) \$86.89	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: 1/7 Rpt: 25/31	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	\$ 300.55
6 PAYMENT	(a) Amount Charged \$63.96	(b) Date of Charge 02/06/2026	(c) Date(s) Credit Card Issuer Paid 02/09/2026
7 PAYEE	(a) Payee name Mailchimp	(b) Payee address; City, State, Zip Code 405 N Angier 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$725.28	(b) Date of Charge 02/13/2026	(c) Date(s) Credit Card Issuer Paid 02/19/2026
PAYEE	(a) Payee name Custom Tees	(b) Payee address; City, State, Zip Code 303 Memorial City Way Houston, TX 77070	
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 tshirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$11,255.09	(b) Date of Charge 02/12/2026	(c) Date(s) Credit Card Issuer Paid 02/13/2026
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 direct mail	
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: 2/7 Rpt: 26/31	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 \$ 300.55
6	PAYMENT	(a) Amount Charged \$253.07	(b) Date of Charge 02/12/2026	(c) Date(s) Credit Card Issuer Paid 02/13/2026	
7	PAYEE	(a) Payee name Taskrabbit		(b) Payee address; City, State, Zip Code 634 W 10th St Dallas, TX 75208	
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) Salaries/Wages/Contract Labor		(b) Description repair job	
		(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 \$300.00	(b) Date of Charge 02/11/2026	(c) Date(s) Credit Card Issuer Paid 02/13/2026		
PAYEE	(a) Payee name Advantage	(b) Payee address; City, State, Zip Code 1421 Prince St. Alexandria, TX 22314			
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description blockwalking	
		(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 \$1,074.22	(b) Date of Charge 01/23/2026	(c) Date(s) Credit Card Issuer Paid 01/29/2026		
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 direct mail	
		(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: 3/7 Rpt: 27/31	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 \$ 300.55
6	PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 01/26/2026	(c) Date(s) Credit Card Issuer Paid 01/29/2026	
7	PAYEE	(a) Payee name Spring Branch Education		(b) Payee address; City, State, Zip Code 955 Campbell Rd. Houston, TX 77024	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Color Run donation	
		(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$93.00	(b) Date of Charge 01/27/2026	(c) Date(s) Credit Card Issuer Paid 01/29/2026	
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	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political 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	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$625.00	(b) Date of Charge 02/02/2026	(c) Date(s) Credit Card Issuer Paid 02/03/2026	
7	PAYEE	(a) Payee name Campaign Advocacy		(b) Payee address; City, State, Zip Code 401 NE 46th St Oklahoma City, OK 73105	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Advertising Expense		(b) Description pushcards	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		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: 4/7 Rpt: 28/31		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 \$ 300.55	
6 PAYMENT		(a) Amount Charged \$11,255.09	(b) Date of Charge 02/03/2026	(c) Date(s) Credit Card Issuer Paid 02/06/2026	
7 PAYEE		(a) Payee name Campaign Advocacy		(b) Payee address; City, State, Zip Code 401 NE 46th St Oklahoma City, OK 73105	
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 mailer	
		(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 \$680.33	(b) Date of Charge 02/03/2026	(c) Date(s) Credit Card Issuer Paid 02/06/2026	
PAYEE		(a) Payee name Home Depot		(b) Payee address; City, State, Zip Code 2455 Paces Ferry Rd SE Atlanta, GA 30339	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) supplies		(b) Description supplies	
		(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 \$1,500.00	(b) Date of Charge 02/19/2026	(c) Date(s) Credit Card Issuer Paid 02/19/2026	
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 pushcards	
		(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: 5/7 Rpt: 29/31	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 \$ 300.55
6	PAYMENT	(a) Amount Charged \$211.15	(b) Date of Charge 02/12/2026	(c) Date(s) Credit Card Issuer Paid 02/13/2026	
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 \$139.05	(b) Date of Charge 01/24/2026	(c) Date(s) Credit Card Issuer Paid 01/29/2026		
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 02/01/2026	(c) Date(s) Credit Card Issuer Paid 02/03/2026		
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: 6/7 Rpt: 30/31	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 \$ 300.55
6	PAYMENT	(a) Amount Charged \$1,201.58	(b) Date of Charge 02/02/2026	(c) Date(s) Credit Card Issuer Paid 02/03/2026	
7	PAYEE	(a) Payee name Houston Sign Company		(b) Payee address; City, State, Zip Code 5801 Chimney Rock Rd Houston, TX 77081	
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 signs	
(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$11,301.29	(b) Date of Charge 02/02/2026	(c) Date(s) Credit Card Issuer Paid 02/03/2026	
7	PAYEE	(a) Payee name Campaign Advocacy		(b) Payee address; City, State, Zip Code 401 NE 46th St Oklahoma City, OK 73105	
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 mailer	
(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 02/06/2026	(c) Date(s) Credit Card Issuer Paid 02/09/2026	
7	PAYEE	(a) Payee name United Republicans of Harris		(b) Payee address; City, State, Zip Code P.O. Box 130923 Houston, TX 77219	
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) 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					
9	Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/7 Rpt: 31/31	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 \$ 300.55
6 PAYMENT	(a) Amount Charged \$2,250.00	(b) Date of Charge 01/23/2026	(c) Date(s) Credit Card Issuer Paid 01/29/2026
7 PAYEE	(a) Payee name Campaign Advocacy	(b) Payee address; City, State, Zip Code 401 NE 46th St Oklahoma City, OK 73105	
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) Printing Expense		(b) Description printing
	(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