	CANDIDAT	E / OFFICEHOLDER		I DESCRIP			FORM C/OH
	CAMPAIGN	FINANCE REPORT		L RECORD CRETARY		COVER	SHEET PG 1
Th	e C/OH Instruction G	Guide explains how to complete this	form.	PRTH, TX		2 Total page	es filed: 19
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	Г	N	41	OFFIC	E USE ONLY
	NAME	Mia				Date Received	000 mm
						ΔΡ	CSO REC'D R 25'25 ph4:47
		NICKNAME LAST		S	SUFFIX	8 92	N ZJ ZJ FM4.47
		Hall				5	
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE PO Box 33574	≣#; CITY;	Z	IP CODE	Date Hand-deliver	red or Date Postmarked
	MAILING ADDRESS	PO 60x 33574				Receipt #	Amount
	Change of Address	Fort Worth, TX 76162				Date Processed	
						Date Imaged	
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST		M	11		
		NICKNAME LAST		S	UFFIX		
6	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX P	PLEASE);	APT / SUITE #;	CITY;		STATE; ZIP CODE
	(Residence or Business)						
7	CAMPAIGN TREASURER	AREA CODE PHONE NUM	MBER EXTENSION	N			
	PHONE						
8	REPORT TYPE	January 15 30th	n day before election	Runoff	Г	15th day afte	er campaign treasurer
		July 15 X 8th	day before election	Exceeded m	_	appointment	(officeholder only) (Attach C/OH-FR)
			day belore election	reporting limi] · marriopon	(maon o, o
9	PERIOD	Month Day Year		Mont	,	Year	-
	COVERED	03/25/2025	THROUGH		04/23/2025	5	
10	ELECTION	ELECTION DATE			ON TYPE	_	
		Month Day Year	Primary	Runof	ff	Other	
			General	Speci	al		
11	. OFFICE	OFFICE HELD (if any)		12 OFFIC	E SOUGHT	(if known)	
			GO TO PAG	E 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

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

JOI T OILT	a 1017120			2 of 19
13 C / OH NAME	Hall, Mia		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to officeholders are required to report this information.	he candidate's or officeho	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
	SFECIFIC			
,		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 3,530.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
		AL EXPENDITURES		\$ 12,648.29
CONTRIBUTION BALANCE	REPORTING PE			\$ 4,239.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty		
Sov Pin	WATUEDINE LOPING	true and correct and includes a under Title 15, Election Code.	ii iniormation required to	be reported by me
	KATHERINE L CENIC NOTARY PUBLIC STATE (MY COMM. EXP. 06/2* NOTARY ID 1311822	OF TEXAS (1/2025 1/9-0	Candidate or Officehold	er
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid <u>Mia Hael</u> ertify which, witness my hand and seal of office.	, this the	<u>5</u> day
Kauty Signature of offi	icer administering	Printed name of officer administering	Title of officer a	dotary administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 19
18 FILER NAM Hall, Mia	ΛΕ	19 Filer ID		
	E SUBTOTALS SCHEDULE		SUBTOTAL A	¥MOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,530.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	12,648.29
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/4 Rpt: 4/19 3 Filer ID 2 FILER NAME Hall, Mia 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$100.00 04/17/2025 Allen Gray, Kelly (Ms.) 6 Contributor address; City; State; Zip Code 2820 Galvez Avenue Fort Worth, TX 76111 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) **KAG Consulting** Consultant Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 03/25/2025 Bess, Doris (Ms.) Contributor address; City; State; Zip Code 961 Prairie Timber Road Burleson, TX 76028 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$30.00 03/29/2025 Brooks, Debra (Ms.) Contributor address; City; State; Zip Code 2300 Balsam Dr. G210 Arlington, TX 76006 Employer (See Instructions) Principal occupation / Job title (See Instructions) **BLESSED HHC** Caretaker Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$100.00 03/25/2025 Brown, Lauren (Ms.) Contributor address; City; State; Zip Code 2724 Waterfront Drive Grand Prairie, TX 75054 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** NA NA Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$100.00 04/07/2025 Chave, George (Mr.) Contributor address; City; State; Zip Code 4150 Old Mill Court Fort Worth, TX 76133 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/4 Rpt: 5/19 3 Filer ID FILER NAME Hall, Mia Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$250.00 04/10/2025 Cole, Sultan (Mr.) 6 Contributor address; City; State; Zip Code 5232 Apache Plume Road Fort Worth, TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO, Executive Director Read2Win, Inc. Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$100.00 04/15/2025 Develrow, Vinita (Ms.) Contributor address; City; State; Zip Code 1101 Montaigne Road Mansfield, TX 76063 Employer (See Instructions) Principal occupation / Job title (See Instructions) Vinita Develrow Financial Services Owner out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date \$500.00 Elder, Marnese (Ms.) 04/23/2025 Contributor address; City; State; Zip Code 2200 Gable Court Arlington, TX 76012 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$500.00 04/22/2025 Englander, Marty (Mr.) Contributor address; City; State; Zip Code 1111 Elizabeth Blvd Fort Worth, TX 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$1,000.00 04/10/2025 Fox, Eric (Mr.) Contributor address; City; State; Zip Code 3513 Overton Park Drive East Fort Worth, TX 76109 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/4 Rpt: 6/19 3 Filer ID 2 FILER NAME Hall, Mia 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$100.00 04/19/2025 Herring, Rick (Mr.) 6 Contributor address; City; State; Zip Code 1801 Bolton Street Fort Worth, TX 76111 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Principal Financial Group Consultant Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$50.00 Jackson, Kimberly (Ms.) 03/25/2025 Contributor address; City; State; Zip Code 1124 Whispering Meadows Crowley, TX 76036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Crowley ISD **Educational Administrator** Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 04/17/2025 Lewis, Paula (Ms.) Contributor address; City; State; Zip Code 2504 Aiken Lane Fort Worth, TX 76123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$100.00 03/30/2025 Lewis Jr., Carl (Mr.) Contributor address; City; State; Zip Code 8808 Hunters Glen Trail Fort Worth, TX 76120 Principal occupation / Job title (See Instructions) Employer (See Instructions) **AISD** Counselor Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$50.00 04/21/2025 May, Mika (Ms.) Contributor address; City; State; Zip Code 2625 Exmore Pony Way Keller, TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) **FWISD** Principal

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 7/19 3 Filer ID 2 FILER NAME Hall, Mia 4 Date out-of-state PAC (ID#: 7 Amount of Contribution (\$) 5 Full name of contributor \$50.00 04/01/2025 Robinson, Nedra (Dr.) 6 Contributor address; City; State; Zip Code 3025 Gentilly Lane Fort Worth, TX 76123 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Fort Worth ISD Education out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date \$300.00 03/27/2025 Sanders, Kenneth (Mr.) Contributor address; City; State; Zip Code 426 Kingfisher Lane Arlington, TX 76002 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Tarrant County** Judge

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense
Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: FILER NAME Sch: 1/12 Rpt: 8/19 Hall, Mia 4 Date Payee name 04/10/2025 Catalyst Advisors Payee address; State; Zip Code 6 Amount (\$) City; \$9,574.97 1108 Lavaca Street Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Printing Expense** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/23/2025 Colchado, Frank Amount (\$) Payee address; City; State; Zip Code \$64.00 TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 04/23/2025 Colchado, Frank City; State; Zip Code Payee address; Amount (\$) \$108.00 TX **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Giti/Awards/Memorials Expense Committee The Instruction Guide explains how to complete this form. Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 2/12 Rpt: 9/19	Hall, Mia
4		5 Payee name
	03/25/2025	Donor Box
6		7 Payee address; City; State; Zip Code
,	\$2.63	1520 Belle View Blvd
	Ψ2.03	#4106
_		Alexandria, VA 22307
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
1		Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
F	Date	Payee name
1	03/25/2025	Donor Box
\vdash		Payee address; City; State; Zip Code
	Amount (\$) \$4.95	1521 Belle View Blvd
	\$4.95	
1	i	#4106
L		Alexandria, VA 22307
آ	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayas, Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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H	Date	Daves name
	Date 03/25/2025	Payee name Donor Box
-		
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.95	1522 Belle View Blvd
		#4106
		Alexandria, VA 22307
ſ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the refuge state of Taxes, Complete Schedule T
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
1		Fees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
1		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/12 Rpt: 10/19	Hall, Mia
4	Date	5 Payee name
	03/27/2025	Donor Box
6	Amount (\$) \$14.25	7 Payee address; City; State; Zip Code 1523 Belle View Blvd #4106
		Alexandria, VA 22307
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/29/2025	Donor Box
	Amount (\$) \$1.69	Payee address; City; State; Zip Code 1524 Belle View Blvd #4106 Alexandria, VA 22307
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	03/30/2025	Donor Box
	Amount (\$) \$4.95	Payee address; City; State; Zip Code 1523 Belle View Blvd #4106 Alexandria, VA 22307
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		nmittee	Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries/V	Vages/	/Contract Labor	Travel Out of District OTHER (enter a category no	ot listed above)
1	Total pages Schedule F1:	2	FILER NAME					3 Filer ID	
Ĺ	Sch: 4/12 Rpt: 11/19		Hall, Mia						
4	Date	5	Payee name						
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6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ode			
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			#4106						
1			Alexandria,	VA 22307					
F	DUDDOCE	/- \				(b)	Deparieties		
8	PURPOSE OF	(a)		e Categories listed at the to	p of this schedule)	(n)	Description Check if travel of	outside of Texas. Complete Sche	dule T.
l	EXPENDITURE		Fees					, TX, officeholder living expense	
							Fees		
9			Candidate/Offi	ceholder name	Office sou	ıght		Office held	
	expenditure to benefit C/OF	Η							
F	Date	Г	Payee name				-		
	04/07/2025		Donor Box						
\vdash	Amount (\$)		Payee addre	ss; City;	State; Zip Co	ode			
	\$5.20		1523 Belle	√iew Blvd					

			Alexandria,	VA 22307					
	PURPOSE	(a	Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description	water at Town County of	dula T
1	OF EXPENDITURE		Fees					outside of Texas. Complete Sche n, TX, officeholder living expense	dule 1.
1	and the control of th						Fees	.,, omocnous namy expense	
\vdash	Complete ONLY if direct	L	Candidate/Off	ceholder name	Office so	ught		Office held	
	expenditure to benefit C/O					5			
F	Date	Т	Dayne name						
	04/10/2025		Payee name Donor Box						
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L		L	Alexandria,	VA 22307		_			
Γ	PURPOSE	(8	Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description		-dula T
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	expenditure to benefit C/O	Н	Zanaladio On		223 00	J. A.	777	tectorida (C. 1971)	
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- I Cor	nmittee	Gift/Awards/Memorials E Legal Services The Instruction Gu			ages/	Contract Labor	OTHER (enter a category no	t listed above)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	
	Sch: 5/12 Rpt: 12/19		Hall, Mia							
4	Date	5	Payee name							
	04/10/2025		Donor Box							
6	Amount (\$)	7	Payee addre		State;	Zip Coo	de			
	\$49.30		1525 Belle	View Blvd						
			A.1	\/A 00007						
		_	Alexandria,				<i>"</i>			
8	PURPOSE OF	(a)	Category (s	ee Categories listed at th	e top of this sche	edule)	(b)	Description Check if travel outs	side of Texas. Complete Sched	ule T.
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								Fees		
L										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office souç	ght		Office held	
L	1000 Production (1000 P	_								
l	Date		Payee name Donor Box							
L	04/15/2025	L		Oit II	Ctata	7in Co	do			
	Amount (\$) \$5.20		Payee addre		State,	; Zip Co	ue			
	Ψ3.20		1304 Delic	VICW BIVG						
l			Alexandria,	VA 22307						
H	PURPOSE	(a		See Categories listed at th	ne top of this sch	adula)	(b)	Description		
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F	Date	Т	Payee name	÷						
1	04/17/2025		Donor Box							
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l	\$5.20		1536 Belle	View Blvd						
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L		L	Alexandria	, VA 22307						
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	Complete ONLY if direct expenditure to benefit C/C	Н	Candidate/Of	ficeholder name	(Office sou	ght		Office held	
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 6/12 Rpt: 13/19	Hall, Mia	
4	Date	5 Payee name	
	04/19/2025	Donor Box	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.20	1528 Belle View Blvd	
L		Alexandria, VA 22307	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fees	
9		Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OF	H	_
Ĺ	Date	Payee name	
	04/19/2025	Donor Box	_
Γ	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.20	1529 Belle View Blvd	
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		Alexandria, VA 22307	
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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F	Date	Payee name	
	04/21/2025	Donor Box	_
一	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2.75	1530 Belle View Blvd	
		Alexandria, VA 22307	_
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fees	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	Carrandado, Cinicorrolado Haine	
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SCHEDULE F1

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

Event Expense
Fees
Foot/Beverage Expense
Git/Awards/Memorials Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services Sala The Instruction Guide explains how t	aries/Wages/Contract Labor OTHER (enter a category not listed above) to complete this form.
1 Total pages Schedule F1: 2 FILEF	R NAME	3 Filer ID
Sch: 7/12 Rpt: 14/19 Hall,		
4 Date 5 Payer	e name	
04/22/2025 Dono	or Box	
6 Amount (\$) 7 Paye	e address; City; State; Zip	p Code
\$24.80 1528	Belle View Blvd	
Alex	andria, VA 22307	
8 PURPOSE (a) Cate	GOTY (See Categories listed at the top of this schedule)	
OF EXPENDITURE Fees	6	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees
		1 335
9 Complete ONLY if direct Candid	date/Officeholder name Office	e sought Office held
Complete ONLY if direct Candid expenditure to benefit C/OH	date/Oniceriolder flame	c sought Since note
Date Paye	e name	
04/23/2025 Done	or Box	
Amount (\$) Paye	ee address; City; State; Zi	ip Code
\$24.80 1529	9 Belle View Blvd	
Alex	andria, VA 22307	
PURPOSE (a) Cate	gory (See Categories listed at the top of this schedule	
OF Fee:	S	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees
-		1 003
Complete ONLY if direct Condi	date/Officeholder name Office	te sought Office held
Complete <u>ONLY</u> if direct Candi expenditure to benefit C/OH	date/Officeriolder frame	ic sought Since here
	ee name	
04/17/2025 EIG		
	ee address; City; State; Zi	lip Code
\$22.38 367	5 Precision Drive	
Lov	eland, CO 80538	
PURPOSE (a) Cate	egory (See Categories listed at the top of this schedule	(b) Description
OF Eee		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fees
Complete <u>ONLY</u> if direct Cand expenditure to benefit C/OH	idate/Officeholder name Office	ce sought Office held
experioliture to benefit C/OH		
		V V 4 4 0 00-10

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 8/12 Rpt: 15/19	Hall, Mia
4	Date	5 Payee name
	04/04/2025	Edwards and Patterson's Signs
6		7 Payee address; City; State; Zip Code
	\$1,321.24	203 S Belt Line Rd.
L		Irving, TX 75060
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Yard Signs
9		Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	Н
Г	Date	Payee name
	04/23/2025	Johnson, Lula
Γ	Amount (\$)	Payee address; City; State; Zip Code
	\$56.00	
	Ì	
		TX
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Contract Labor
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
F	Date	Payee name
	04/23/2025	Johnson, Lula
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$48.00	
		Fort Worth, TX
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	DH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		mmittee	Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor	OTHER (enter a category not listed at	pove)
1	Total pages Schedule F1:	2	FILER NAME	<u> </u>				3 Filer ID	
	Sch: 9/12 Rpt: 16/19		Hall, Mia						
4	Date	5	Payee name						
L	04/21/2025		Kendyll Loc	cke					
6	Amount (\$)	7	Payee addre	ess; City;	State; Zip C	ode			
	\$730.00		2712 Ridge	Road N					
			Fort Worth,	TX 76133					
8		(a)	Category (S	See Categories listed at the top	p of this schedule)	(b)	Description		
	OF EXPENDITURE			ages/Contract Labo				outside of Texas. Complete Schedule T.	
	-AI ENDITORE							, TX, officeholder living expense	
							Contract Labo	UI	
L		L				丄			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Off	ficeholder name	Office so	ught		Office held	
Г	Date	Γ	Payee name	;					
	04/12/2025		Starbucks						
\vdash	Amount (\$)	\vdash	Payee addre	ess; City;	State; Zip C	ode			
	\$4.95			p Bowie Blvd					
	Ψ4.90	1	JJUI Cam	DOWNE DIVE					
			Fort Worth,	, TX 76107					
	PURPOSE	(a	Category (S	See Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees					outside of Texas. Complete Schedule T.	
								n, TX, officeholder living expense Se - Meet Mia	
							Event Exhen	ac - Ivicet Iviia	
L		\perp	- "	C 1 11	~ "			O#600 h -1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	Office so	ought		Office held	
L		_							
Γ	Date	Γ	Payee name	9					
	04/12/2025		Starbucks						
\vdash	Amount (\$)	T	Payee addre	ess; City;	State; Zip C	Code			
	\$4.95		,	p Bowie Blvd					
	<i>4 1100</i>		2222 00111	I					
			F=#144=#1	TV 76407					
L		\perp	Fort Worth	i, TX 76107		_			
	PURPOSE	(a	l) Category (See Categories listed at the to	op of this schedule)	(b)) Description		
1	OF EXPENDITURE		Fees					outside of Texas, Complete Schedule T.	
								n, TX, officeholder living expense ISE - Meet Mia	
							FACUT EXHELL	36 - MEEL MIA	
L		L		2		<u></u>		0.00	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	fficeholder name	Office so	ought	τ	Office held	
	experiorare to benefit C/C								
Γ									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID
Sch: 10/12 Rpt: 17/19 Hall, Mia
4 Date 5 Payee name
04/12/2025 Starbucks
6 Amount (\$) 7 Payee address; City; State; Zip Code
\$4.95 5903 Camp Bowie Blvd
Fort Worth, TX 76107
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Event Expense - Meet Mia
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
04/12/2025 Starbucks
Amount (\$) Payee address; City; State; Zip Code
\$23.55 5904 Camp Bowie Blvd
Fort Worth, TX 76107
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Event Expense - Meet Mia
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Data.
Date Payee name
04/19/2025 Starbucks
Amount (\$) Payee address; City; State; Zip Code
\$33.07 6077 McPherson Blvd
Fort Worth, TX 76123
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
Check it Addition, 174, officeriolder riving expense
Event Expense - Meet Mia
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH
Variety V4.1.0 a00d0

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Git nmittee Le	Gift/Awards/Memorials Expense Printing			Expense /Wages/Contract Labor			Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
L	Sch: 11/12 Rpt: 18/19		Hall, Mia								
4	Date	5	Payee name								
	04/15/2025		Style FW Pict	ures							
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de				
	\$250.00		1535 Belle Vie	ew Blvd							
			Alexandria, V	A 22307							
8	PURPOSE	(a)	Category (See	Categories listed at the t	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees					_		e of Texas. Complete Schedule T.	
								Fees Check if Austin	, TX, c	officeholder living expense	
								1-663			
9	Complete ONLY if direct	Ц,	Candidate/Office	halder name		Hiss say	a b t			Office held	
9	expenditure to benefit C/O		Candidate/Office	noider name	O	office sou	ignt			Office held	
⊨	5										
	Date		Payee name		•						
L	04/12/2025			y Democratic W	/omen						
	Amount (\$)		Payee address;		State;	Zip Co	ode				
	\$50.00		821 W. Vicker	У							
			Fort Worth, T	X 76111							
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees							e of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Campaign Contribution - Membership Fee										
								Campaign Co	onun	button - Membership Fe	е
⊢	Complete ONLY if direct	Ц,	Candidate/Office	halder name		Higg pay	L abt			Office hold	
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
\vdash		_									
	Date		Payee name								
L	04/10/2025		Wix.com								
	Amount (\$)		Payee address		State;	Zip Co	ode				
	\$25.98		100 Gansevo	ort Street							
			New York, NY	10014							
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising Ex							e of Texas. Complete Schedule T.	
										officeholder living expense	
								Website Hos	ung		
\vdash	Complete ONLY if direct	Ц,	Candidate/Office	holder name		Office sou	labt			Office held	
	expenditure to benefit C/OI		zanuluale/Onice	noider name	C	MICE 200	igill			Office field	
\vdash											
L											

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract The Instruction Guide explains how to complete this				/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						12	Files ID
1		_		-					3	Filer ID
L	Sch: 12/12 Rpt: 19/19	L	Hall, Mia						L	
4	Date	5	Payee name							
	04/04/2025		Xavier Hall							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$100.00		4629 Mape							
	720000		1020 1110,00							
		L	Fort Worth,	TX 76123						
8	PURPOSE	(a)	Category (S	ee Categories listed at the top	of this sche	dule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wa	ages/Contract Labor	r					de of Texas. Complete Schedule T.
	EXI ENDITORE					•				officeholder living expense
								Contract Lab	or	
9	Complete ONLY if direct	(Candidate/Offi	ceholder name	Of	ffice sou	ght			Office held
	expenditure to benefit C/OI	Н								
F	Date	Г	Payee name							
	04/14/2025		Xavier Hall							
L	1002 NO 1900 N	L								
	Amount (\$)		Payee addre		State;	Zip Co	ode			
	\$50.00		4629 Mape	l Hill Drive						
			Fort Worth,	TX 76123						
H	PURPOSE	(a)	Category /s	ee Categories listed at the top	-f thisb-	J. J. J.	(b)	Description		
	OF	``		ages/Contract Laboi		dule)	(~)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Galarioo, VV	agoo, commute Easo.						officeholder living expense
								Contract Lab	or	
	Complete ONLY if direct	(Candidate/Offi	ceholder name	Of	ffice sou	ght			Office held
	expenditure to benefit C/OI	Н								
H										