OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

## 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		2 Total pages filed: 31
3 CANDIDATE / OFFICEHOLDER NAME		IRST Iia	МІ	OFFICE USE ONLY  Date Received
	The state of the s	AST  all	SUFFIX	CSO REC'D MAY 30 '25 PM4:27
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / S PO Box 33574	UITE #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked  Receipt # Amount
Change of Address	Fort Worth, TX 76162			Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FI	RST	MI	
-	NICKNAME LA	AST	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BO	DX PLEASE); AP	T / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE	NUMBER EXTENSION		
8 REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
v	July 15	8th day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 04/24/2025	THROUGH	Month Day 05/28/202	Year 5
10 ELECTION	ELECTION DATE Month Day Year 06/07/2025	Primary General	ELECTION TYPE  X Runoff  Special	Other
11 OFFICE	OFFICE HELD (if any) Crowley ISD School Board T	Frustee - Place 3	12 OFFICE SOUGHT Fort Worth City (	(if known) Council - District 6
ı		GO TO PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

SOFFORT	X IOIALO			2 of 31				
13 C / OH NAME	Hall, Mia		14 Filer ID					
			â					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	ures made by political com the candidate's or officeho n only if they receive notice	lder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
_	GENERAL	GENERAL COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS		   IZED POLITICAL CONTRIBUTIONS (OTHER THA   ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 35,743.44				
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 22,803.87				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 13,406.05				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	S OF THE LAST DAY	\$ 0.00				
	VERONICA AYARZA MY COMMISSION EXPIR JANUARY 29, 2028 NOTARY ID: 12899799	Signature of Signa	all information required to	be reported by me				
Sworn to and subs	cribed before me, by the s	ertify which, witness my hand and seal of office.	, this the	day				
Signature of offi	cer administering	Printed name of officer administering	Notavy Title of officer a	Administering oath				

## SUBTOTALS - C/OH

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

			3 of 31
18 FILER NAME Hall, Mia	19 Filer ID		
20 SCHEDULE SUBTOTALS			
NAME OF SCHEDULE	SUBTOTA	L AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	31,970.00	
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,773.44
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	22,803.87
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	JTIONS	\$	
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 BUSINE	SS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	JTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/7 Rpt: 4/31 2 FILER NAME Filer ID Hall, Mia 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: \$5,000.00 05/14/2025 Accountable Government Fund PAC 6 Contributor address; City; State; Zip Code 430 Old Fitzhugh #7 Dripping Springs, TX 78620 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 05/09/2025 Adams, Colby (Mr.) Contributor address; City; State; Zip Code 1900 W. Broadus Ave. Fort Worth, TX 76115 Employer (See Instructions) Principal occupation / Job title (See Instructions) Southwestern Baptist Theological Seminary Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 05/07/2025 Bobb, Stevan (Mr.) \$500.00 Contributor address; City; State; Zip Code 1813 Kinsale Drive Keller, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Operations and communications Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 05/13/2025 Brants, Clay (Mr.) Contributor address; City; State; Zip Code 4911 Bryce Avenue Fort Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) **Briggs Freeman Sotheby** District Director out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date \$500.00 05/16/2025 Cantu, Clara (Ms.) Contributor address; City; State; Zip Code 4413 Ledgeview Road Fort Worth, TX 76109 Employer (See Instructions) Principal occupation / Job title (See Instructions) President

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/7 Rpt: 5/31 3 Filer ID 2 FILER NAME Hall, Mia 4 Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 05/14/2025 \$500.00 Davis, Jeffry (Mr.) 6 Contributor address; City; State; Zip Code 2325 Mistletoe Drive Fort Worth, TX 76110 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Executive Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$25.00 05/14/2025 Duniven, Diane (Ms.) Contributor address; City; State; Zip Code 7712 Cerrito Trail Fort Worth, TX 76132 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$2,500.00 05/14/2025 For the Children PAC Contributor address; City; State; Zip Code PO Box 159 Fort Worth, TX 76102 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$2,500.00 04/29/2025 Fort Worth Apartment Association Political Action Committee Contributor address; City; State; Zip Code 860 Airport Freeway #101 Hurst, TX 76054 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$10,000.00 05/05/2025 Fort Worth Firefighter Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/7 Rpt: 6/31 3 Filer ID 2 FILER NAME Hall, Mia 4 Date Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 05/12/2025 \$1,000.00 Fox, Eric (Mr.) 6 Contributor address; City; State; Zip Code 3513 Overton Park Drive East Fort Worth, TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **HR** Director Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 05/14/2025 Hadley, Jane (Ms.) Contributor address; City; State; Zip Code 7145 White Tail Trail Fort Worth, TX 76132 Employer (See Instructions) Principal occupation / Job title (See Instructions) Ceo Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) \$500.00 05/07/2025 Hahnfeld, Eric Lee (Mr.) Contributor address; City; State; Zip Code 1621 Carleton Avenue Fort Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Grace Design Studios Auditor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 05/14/2025 Johnson, natalie (Ms.) Contributor address; City; State; Zip Code 5316 Summer Meadows Drive Fort Worth, TX 76123 Employer (See Instructions) Principal occupation / Job title (See Instructions) **Tarrant County College** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$50.00 05/15/2025 Langston, Lisa (Ms.) Contributor address; City; State; Zip Code 2127 Harbor Way Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Fort Worth ISD

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/7 Rpt: 7/31 3 Filer ID 2 FILER NAME Hall, Mia 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$1,000.00 04/29/2025 Lewis, Glenn (Mr.) 6 Contributor address; City; State; Zip Code 5600 Rockhill Rd Fort Worth, TX 76112 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Linebarger Goggan Blair & Sampson LLP **BDM** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 05/14/2025 \$100.00 Limas, Jennifer (Ms.) Contributor address; City; State; Zip Code 208 Oak Forest Trail Euless, TX 76039 Employer (See Instructions) Principal occupation / Job title (See Instructions) Girls Inc of TC Athletic Director Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 05/12/2025 Mitchell, Melissa M (Ms.) Contributor address; City; State; Zip Code 2429 Rogers Avenue Fort Worth, TX 76109 Employer (See Instructions) Principal occupation / Job title (See Instructions) Bennett Partners Architeture Interiors Planning Real Estate out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor \$20.00 05/06/2025 Murphy, Patrick (Mr.) Contributor address; City; State; Zip Code 6150 Oakmont Trail Apt #207 Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Architect Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$100.00 05/07/2025 Nader, Sarah (Ms.) Contributor address; City; State; Zip Code 2211 Weatherbee Street Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Upward PA

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/7 Rpt: 8/31 3 Filer ID 2 FILER NAME Hall, Mia 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$250.00 05/19/2025 Navejar, Rosa (Ms.) 6 Contributor address; City; State; Zip Code 7400 Sand St. FORT WORTH, TX 76118-6921 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) **Business** owner The Rios Group, Inc. Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$500.00 05/27/2025 Nellons-Paige, Stephanie (Ms.) Contributor address; City; State; Zip Code 14022 Hampton Cove Houston, TX 77077 Principal occupation / Job title (See Instructions) Employer (See Instructions) NellonsPaige Group Inc. Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$500.00 05/05/2025 Ray, Ryan (Mr.) Contributor address; City; State; Zip Code Main Crowley, TX 76036 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor \$100.00 05/14/2025 Robinson, Abbey (Ms.) Contributor address; City; State; Zip Code 9600 Mountain Laurel Trail Crowley, TX 76036 Employer (See Instructions) Principal occupation / Job title (See Instructions) Professor of Mathematics Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$25.00 05/07/2025 Robinson, Fredrick (Mr.) Contributor address; City; State; Zip Code 9600 Mountain Laurel Trail Crowley, TX 76036 Employer (See Instructions) Principal occupation / Job title (See Instructions) McKesson

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/7 Rpt: 9/31 3 Filer ID 2 FILER NAME Hall, Mia 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$2,000.00 05/06/2025 Roby III, Richard (Mr.) 6 Contributor address; City; State; Zip Code 6234 Skylark Circle North Richland Hills, TX 76180 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$250.00 05/03/2025 Rodriguez, Armando (Mr.) Contributor address; City; State; Zip Code 241 Brianna Ct. Canutillo, TX 79835 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hellas Attorney Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$100.00 05/14/2025 Rojas, Anthony (Mr.) Contributor address; City; State; Zip Code 429 College Avenue Fort Worth, TX 76104 Employer (See Instructions) Principal occupation / Job title (See Instructions) City of Fort Worth RN Case Manager Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$250.00 05/09/2025 Spicer, Kathy (Ms.) Contributor address; City; State; Zip Code 6038 Lovell Ave Fort Worth, TX 76116-4612 Employer (See Instructions) Principal occupation / Job title (See Instructions) Senior Advisor Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$2,500.00 05/16/2025 Thompson, Zac (Mr.) Contributor address; City; State; Zip Code 11050 E Rocky Creek Rd Crowley, TX 76036 Employer (See Instructions) Principal occupation / Job title (See Instructions) НМН

MONETARY POLITICAL CONTI	RIBUTIONS		SCHEDUL	E <b>A1</b>		
The Instruction Guide explains how to com	nplete this form.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/31			
2 FILER NAME Hall, Mia		3	Filer ID			
05/21/2025 Vermaire Fox, Karen (Ms.)	-state PAC (ID#:) Code	7	Amount of Contribution (\$)	\$250.00		
Principal occupation / Job title (See Instructions) CEO/Owner	9 Employer (See Instruction Quindigo Managemen					
05/06/2025 Vogel, Carlela (Ms.)	Date Full name of contributor out-of-state PAC (ID#:)  05/06/2025 Vogel, Carlela (Ms.)  Contributor address; City; State; Zip Code  901 Old Gate Road					
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ons)				
Forms provided by Texas Ethics Commission	www.ethics.state.tx.us		Version V4.1			

## **NON-MONETARY (IN-KIND) POLITICAL** SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/31 3 Filer ID 2 FILER NAME Hall, Mia \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Amount of contribution (\$) | 9 In-kind contribution description \$3,773.44 | Printing and Installation of Amount of 6 Full name of contributor out-of-state PAC (ID#: 05/06/2025 Committee for Public Safety Fort Worth Police Officers Association Contributor address; City; State; Zip Code Road Signs 2501 Parkview Drive Suite 600 Fort Worth, TX 76102 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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		nmittee	Gift/Awards/Memorials Legal Services The Instruction G			ages/	Contract Labor	Travel Out of District OTHER (enter a category not listed a	bove)
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	
	Sch: 1/20 Rpt: 12/31		Hall, Mia							
4	Date	5	Payee name							
	04/30/2025		Catalyst Ad	lvisors						
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de			
	\$5,000.80		1108 Lava	a Street						
			Austin, TX	78701						
8	PURPOSE	(a)	Category (S	see Categories listed at	the top of this sch	nedule)	(b)	Description		
	OF		Consulting						outside of Texas. Complete Schedule T.	
	EXPENDITURE							ш	TX, officeholder living expense	
								Campaign Ma	aller	
9	Complete ONLY if direct		Candidate/Off	ficeholder name	(	Office sou	ght		Office held	
	expenditure to benefit C/OI	7								
	Date	Γ	Payee name	)						
	05/07/2025		Catalyst Ad	dvisors						
H	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	ode			
	\$4,408.78		1108 Lava							
	φητοσιτο		1100 1000							
			A.catin TV	70701						
L		L	Austin, TX	78701						
	PURPOSE OF	(a		See Categories listed at	the top of this scl	hedule)	(b)	Description	outside of Tours Committee Cabadula T	
	EXPENDITURE		Consulting	Expense					outside of Texas. Complete Schedule T. , TX, officeholder living expense	
								Consulting Ex		
								oonouning 2		
┝	Complete ONLY if direct	L	Candidate/Of	ficeholder name		Office sou	laht		Office held	
	expenditure to benefit C/O		Candidate/Of	necholder hame		011100 300	ag			
⊨		_								
	Date		Payee name							
L	05/14/2025		Catalyst A	dvisors						
Г	Amount (\$)		Payee addr	ess; City;	State	e; Zip Co	ode			
١	\$6,956.69		1108 Lava	ca Street						
l										
١			Austin, TX	78701						
$\vdash$	PURPOSE	(a	) Category /	See Categories listed a	t the top of this so	chedule)	(b)	Description		
	OF		Consulting		it the top of this so	ineduic)	``		outside of Texas. Complete Schedule T.	
	EXPENDITURE			,					n, TX, officeholder living expense	
								Consulting E	xpense	
Г	Complete ONLY if direct		Candidate/O	fficeholder name		Office so	ught		Office held	
	expenditure to benefit C/O	Н								
H										
1										

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 2/20 Rpt: 13/31 Hall, Mia Date Payee name 05/20/2025 Catalyst Advisors Payee address; State; Zip Code 6 Amount (\$) City; \$1,138.70 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 - Campaign Material Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/20/2025 Catalyst Advisors Pavee address: State; Zip Code Amount (\$) \$1,000.00 1108 Lavaca Street Austin, TX 78701 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Expense Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/20/2025 Catalyst Advisors Payee address; City; State; Zip Code Amount (\$) \$900.00 1108 Lavaca Street Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printing - Campaign Material Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

#### SCHEDULE F1

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

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

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

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

Printing Expense
Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 3/20 Rpt: 14/31 Hall, Mia 4 Date Payee name 05/20/2025 Catalyst Advisors Payee address; State; Zip Code 6 Amount (\$) City; \$888.08 1108 Lavaca Street Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Expense Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/29/2025 Colchado, Frank Pavee address: State; Zip Code Amount (\$) \$96.00 1522 Belle View Blvd #4108 Alexandria, VA 22307 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Poll Greeting Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/01/2025 Colchado, Frank State; Zip Code Amount (\$) Payee address; City; \$96.00 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 Poll Greeting Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Committee	Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services The Instruction Guide explain		ense ges/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID
	Sch: 4/20 Rpt: 15/31	Hall, Mia				
4	Date	5 Payee name	9			
	05/05/2025	Colchado,	Frank			
6	Amount (\$)	7 Payee addr	ess; City; Sta	ate; Zip Coo	е	
	\$128.00					
		TX				
8	PURPOSE	(a) Category	See Categories listed at the top of this	schedule)	b) Description	
	OF EXPENDITURE		/ages/Contract Labor	,	<u></u>	outside of Texas. Complete Schedule T.
	EXPENDITORE					n, TX, officeholder living expense
					Poll Greeting	I
_	0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 - 1:1-1-10	w b - 1 d - v	Office cour	lat	Office held
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office soug	nt	Office field
	Date	Payee nam	е			
	04/25/2025	Colchado,	Frank			
Г	Amount (\$)	Payee addı	ess; City; Sta	ate; Zip Cod	le	
	\$96.00					
		TX				
H	PURPOSE	(a) Category	See Categories listed at the top of this	schedule)	(b) Description	
	OF EXPENDITURE	.5 550 8	Vages/Contract Labor	,		outside of Texas, Complete Schedule T.
	EXPENDITORE				ш	n, TX, officeholder living expense
					Poll Greeting	J
L	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	fficeholder name	Office sou	•ht	Office held
	Complete ONLY if direct expenditure to benefit C/O		incendider name	Office Sout	jiit	Office field
L						
	Date	Payee nam				
L	04/28/2025	Colchado				
	Amount (\$)	Payee add	ress; City; St	ate; Zip Co	de	
	\$64.00					
L		TX				
	PURPOSE	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description	
l	OF EXPENDITURE	Salaries/\	Vages/Contract Labor			l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
					Poll Greetin	
H	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	ght	Office held
	expenditure to benefit C/O					
H						
L						

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		mmittee	Gift/Awards/Memorials E Legal Services  The Instruction Gui			ages/	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: 5/20 Rpt: 16/31		Hall, Mia							
4	Date	5	Payee name							
	04/29/2025		Donor Box							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
	\$49.30		1520 Belle	View Blvd						
			#4106							
			Alexandria,	VA 22307						
8	DUDDOCE	(2)					(h)	Description		
0	PURPOSE OF	(a)	Fees	ee Categories listed at th	e top of this sch	edule)	(D)		outside of Texas. Complete Schedu	le T.
	EXPENDITURE		rees						TX, officeholder living expense	
								Fees		
9	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	ght		Office held	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	05/03/2025		Donor Box							
	Amount (\$)		Payee addre	ess; City;	State	Zip Co	de			
	\$12.55		1523 Belle	View Blvd						
			Alexandria,	, VA 22307						
	PURPOSE	(a	<b>)</b> Category (S	See Categories listed at th	e top of this sch	edule)	(b)	Description		
	OF EXPENDITURE	١	Fees						outside of Texas. Complete Schedu , TX, officeholder living expense	ile T.
			*					Fees	, TA, officeriolder living expense	
								1 000		
⊢	Complete ONLY if direct	L	Candidate/Off	ficeholder name		Office sou	aht		Office held	
	expenditure to benefit C/O		Candidate/On	ncendider name	,	Jilice 30u	grit		Omeo neid	
Г	Date	Г	Payee name	)						
	05/05/2025		Donor Box							
$\vdash$	Amount (\$)	$\vdash$	Payee addre	ess; City;	State	; Zip Co	ode			
	\$24.80		1524 Belle							
			Alexandria	, VA 22307						
Г	PURPOSE	(a	Category (s	See Categories listed at the	ne top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Fees						outside of Texas. Complete Sched	ule T.
	EXPENDITORE								n, TX, officeholder living expense	
								Fees		
$\vdash$	Complete ONLY if direct	_	Candidate/Of	ficeholder name		Office sou	L Jaht		Office held	
	expenditure to benefit C/O	Н	Carididate/Of	nosholder name		00 000	9.10		230	
$\vdash$										
L				,	athias				V	V4 1 0 a02d622

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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		Gift/Awards/Memorials & Legal Services The Instruction Gu			iges/0	//Contract Labor OTHER (enter a category not listed above)
				ide explains no	W to con	ihiei	
1	Total pages Schedule F1:						3 Filer ID
	Sch: 6/20 Rpt: 17/31	Hall, I	Mia ————————————————————————————————————				
4	Date	5 Payee	name				
	05/06/2025	Dono	r Box				
6	Amount (\$)	7 Payee	address; City;	State;	Zip Cod	le	
	\$2.75	1527	Belle View Blvd				
		Alexa	ndria, VA 22307				
8	PURPOSE				Т	(h)	Description
0	OF	Fees	Ory (See Categories listed at th	ne top of this sched	iule)	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663					Check if Austin, TX, officeholder living expense
							Fees
9	Complete ONLY if direct		ate/Officeholder name	Of	fice souç	ght	Office held
	expenditure to benefit C/OF	1					
	Date	Paye	e name				
	05/06/2025		r Box				
_	Amount (\$)	Pavee	e address; City;	State;	Zip Co	de	
	\$98.30		Belle View Blvd				
	400.00						
		Alove	andria VA 22207				
			andria, VA 22307			<i>(</i> 1.)	
	PURPOSE OF	1	Ory (See Categories listed at the	he top of this sched	dule)	(a)	Description . Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Fees					Check if Austin, TX, officeholder living expense
							Fees
┝	Complete ONLY if direct	Candid	ate/Officeholder name	Of	ffice sou	ght	Office held
	expenditure to benefit C/O	Н					
⊨	Date	Davo	nama				
	05/07/2025		e name or Box				
L		-	5-2 (Feb. 1982) No.	Ctoto:	7in Co	do	
	Amount (\$)		e address; City;	State;	Zip Co	ue	
l	\$24.80	1530	Belle View Blvd				
ı		Alex	andria, VA 22307				
Г	PURPOSE	(a) Cate	Ory (See Categories listed at t	the top of this sche	edule)	(b)	Description
1	OF EXPENDITURE	Fees	3				Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
ı							Fees
		l					
$\vdash$	Complete ONLY if direct	Candid	date/Officeholder name	0	office sou	aht	Office held
	expenditure to benefit C/O		aac/Onicenduel name	O	300	Silt	233 11010
H							
L							Variation VA 4.0 -0.2dC22

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 7/20 Rpt: 18/31	Hall, Mia
4 Date	5 Payee name
05/07/2025	Donor Box
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.53	1531 Belle View Blvd
	Alexandria, VA 22307
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
	Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	1
Date	Payee name
05/07/2025	Donor Box
Amount (\$)	Payee address; City; State; Zip Code
\$24.80	1532 Belle View Blvd
	Alexandria, VA 22307
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/07/2025	Donor Box
Amount (\$)	Payee address; City; State; Zip Code
\$5.20	1533 Belle View Blvd
	Alexandria, VA 22307
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н

#### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			Travel in District Travel Out of District	
Credit Card Payment	The Instruction Gui	de explains how to complete	this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	
Sch: 8/20 Rpt: 19/31	Hall, Mia			
4 Date	5 Payee name		•	
05/09/2025	Donor Box			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
\$12.55	1535 Belle View Blvd			
	Alexandria, VA 22307			
8 PURPOSE	(a) Category (See Categories listed at the	e top of this schedule) (b) Do	escription	
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE			Check if Austin, TX, officeholder living expense	
			ees	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/O		Office Sought	Office field	
Date	Payee name			
05/09/2025	Donor Box			
Amount (\$)	Payee address; City;	State; Zip Code		
\$5.20	1536 Belle View Blvd			
	Alexandria, VA 22307			
PURPOSE	(a) Category (See Categories listed at th	e top of this schedule) (b) D	escription	
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE		[	Check if Austin, TX, officeholder living expense	
		-	ees	
Complete CNLV if direct	Candidate/Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Onice Sought	Office field	
Data				
Date	Payee name			
05/12/2025	Donor Box			
Amount (\$)	Payee address; City;	State; Zip Code		
\$49.30	1537 Belle View Blvd			
	Alexandria, VA 22307			
PURPOSE	(a) Category (See Categories listed at the	te top of this schedule) (b)	Description	
OF EXPENDITURE	Fees	[	Check if travel outside of Texas. Complete Schedule T.	
		l L	Check if Austin, TX, officeholder living expense	
			663	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Office Sought	5.1136 11616	
			Varaian VII 1 0 a02	4622
Forms provided by Texas E	unics Commission W	ww.ethics.state.tx.us	Version V4.1.0.e02	uUZZ

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related 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: 9/20 Rpt: 20/31	Hall, Mia
4	Date	5 Payee name
	05/12/2025	Donor Box
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.20	1528 Belle View Blvd
		*
		Alexandria, VA 22307
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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Fees
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/12/2025	Donor Box
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.98	1529 Belle View Blvd
	Ø 1700 M 100 M	
		Alexandria, VA 22307
Г	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Fees
		rees
L		Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/13/2025	Donor Box
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$24.80	1528 Belle View Blvd
		Alexandria, VA 22307
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
Γ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
L		

## SCHEDULE F1

# Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/V	xpense Vages/Co	ontract Labor this form.	Travel in District Travel Out of District OTHER (enter a category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3 Filer ID	
	Sch: 10/20 Rpt: 21/31	Hall, Mia						
4	Date	5 Payee name	9			•		
	05/14/2025	Donor Box						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode			
	\$5.20	1529 Belle	View Blvd					
		Alexandria	, VA 22307					
8	PURPOSE		See Categories listed at the top of	thin nahadula)	(b) D	escription		
Ü	OF	Fees	See Categories listed at the top of	triis scriedule)	ľ		utside of Texas. Complete Schedule T.	
	EXPENDITURE	1 000				Check if Austin,	TX, officeholder living expense	
					F	ees		
9	Complete ONLY if direct		ficeholder name	Office sou	ıght		Office held	
	expenditure to benefit C/OI	T						
Г	Date	Payee nam	e					
	05/14/2025	Donor Box	(					
H	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode			
	\$5.20	1530 Belle	e View Blvd					
		Alexandria	a, VA 22307					
	PURPOSE OF	(a) Category	See Categories listed at the top of	this schedule)	(p) [	Description	A STATE OF THE CONTRACT CONTRACT TO	
	EXPENDITURE	Fees			-	_	outside of Texas. Complete Schedule T. TX, officeholder living expense	
						ees	Tri sinesiisiasi iiiig sipsiisi	
$\vdash$	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	ught		Office held	
	expenditure to benefit C/O				5			
H	Date	Payee nam	ΙΔ					
	05/14/2025	Donor Bo						
L				State; Zip C	ode			
	Amount (\$)	Payee add		State, ZIP C	oue			
	\$5.20	1258 Relli	e View Blvd					
		Alexandri	a, VA 22307					
L					(6) -			
	PURPOSE OF		(See Categories listed at the top o	f this schedule)	(n) [	Description  Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees					, TX, officeholder living expense	
1					7	-ees		
一	Complete ONLY if direct		fficeholder name	Office so	ught		Office held	
	expenditure to benefit C/O	Н						
H								
Ļ	musuidad bu Tayaa F	thica Commis	ncion Marana	thics state tv	LIC		Version V/I 1	U eU34633

#### POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 11/20 Rpt: 22/31 Hall, Mia 4 Date Payee name 05/14/2025 **Donor Box** State; Zip Code 6 Amount (\$) Payee address; City; 1529 Belle View Blvd \$1.53 Alexandria, VA 22307 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name **Donor Box** 05/14/2025 State; Zip Code Payee address; City; Amount (\$) 1530 Belle View Blvd \$5.20 Alexandria, VA 22307 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees

Complete ONLY if direct
expenditure to benefit C/OH

Date

Candidate/Officeholder name

Payee name

Office sought

Office held

05/14/2025	Donor Box
Amount (\$) \$5.20	Payee address; City; State; Zip Code 1528 Belle View Blvd 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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

## SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpense Vages/0	Contract Labor	Т	rravel in District ravel Out of District DTHER (enter a category not listed above)	)
1	Total pages Schedule F1:	2	FILER NAM	E					3 F	iler ID	
	Sch: 12/20 Rpt: 23/31		Hall, Mia								
4	Date	5	Payee name	9							
	05/15/2025		Donor Box								
6	Amount (\$)	7	Payee addre	ess; City;	State	Zip Co	ode				
_	\$2.75		1529 Belle	-		#_000 <b>1</b> 000 0000 000					
			Alexandria	, VA 22307							
8	PURPOSE	(2)					(h)	Description			
0	OF	(a	Fees	See Categories listed at the t	top of this sch	edule)	(5)		outside	e of Texas. Complete Schedule T.	
	EXPENDITURE		1663					Check if Austin	n, TX, o	fficeholder living expense	
								Fees			
9	Complete ONLY if direct		Candidate/Of	ficeholder name	(	Office sou	ıght			Office held	
	expenditure to benefit C/O	Н									
	Date	Г	Payee name	<del></del>							
	05/16/2025		Donor Box								
_	Amount (\$)	$\vdash$	Payee addr	ess; City;	State	; Zip Co	ode				
	\$122.80			· View Blvd	Otato	,p					
	Ψ122.00		1000 Delle	. View biva							
			Alexandria	ı, VA 22307							
$\vdash$	PURPOSE	(2					(b)	Description			
	OF	۱٬۵	Fees	See Categories listed at the	top of this sci	nedule)	(~,		l outsid	e of Texas. Complete Schedule T.	
	EXPENDITURE		F663					Check if Austin	n, TX, d	officeholder living expense	
			9					Fees			
Г	Complete ONLY if direct		Candidate/O	fficeholder name		Office sou	ught			Office held	
	expenditure to benefit C/O	Н									
Γ	Date	Г	Payee nam	e							
	05/16/2025		Donor Box	(							
$\vdash$	Amount (\$)	T	Payee addr	ress; City;	State	e; Zip Co	ode				
	\$24.80			e View Blvd							
	. – 1123										
Alexandria, VA 22307											
$\vdash$	DUDDOSE	10					(h)	Description			
	PURPOSE OF	16	Fees	(See Categories listed at the	top of this sc	nedule)	(")		el outsic	le of Texas. Complete Schedule T.	
	EXPENDITURE		LEE2							officeholder living expense	
								Fees			
H	Complete ONLY if direct	_	Candidate/O	fficeholder name		Office so	ught			Office held	
	expenditure to benefit C/C	Н									
H											
Ļ	orms provided by Texas F	_th	ice Commis	cion 1404	w.ethics.	state tv	IIC			Version V4.1.0.6	-02d622
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### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donation

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID					
_	Sch: 13/20 Rpt: 24/31	Hall, Mia					
_							
4	Date	5 Payee name					
	05/19/2025	Donor Box					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$37.31	1528 Belle View Blvd					
		Alexandria, VA 22307					
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					
		Fees					
		, recs					
_		0. 15 to 10% and 10% a					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	experialitate to belieff 6/6	,					
	Date	Payee name					
	05/21/2025	Donor Box					
Г	Amount (\$)	Payee address; City; State; Zip Code					
	\$12.55	1528 Belle View Blvd					
		Alexandria, VA 22307					
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Fees Category (See Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Fees					
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	DH					
F	Date	Payee name					
	05/27/2025	Donor Box					
$\vdash$							
	Amount (\$)						
	\$24.80	1529 Belle View Blvd					
		Alexandria, VA 22307					
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
1	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
Check II Austin, 17, officerolder Italing expense							
		Fees					
L		Office hold					
1	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held					
L	Superiord to borient ore						
$\mathbf{L}$		Version V/4.1.0 a02dS					

#### 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
Printing Expense

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

	Candidate/Officeholder/Politica 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: 14/20 Rpt: 25/31	Hall, Mia
4	Date	5 Payee name
	05/19/2025	EIG
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.38	3675 Precision Drive
		Loveland, CO 80538
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	05/03/2025	Joe's Pizza
H	Amount (\$)	Payee address; City; State; Zip Code
	\$83.17	8540 S Hulen Street
		Fort Worth, TX 76123
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Volunteer Lunch
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
F	Date	Payee name
	05/05/2025	Jumbo Property Management
H	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	9700 Apex Drive
		Fort Worth, TX 76108
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Road Sign Removal
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
Ļ	orms provided by Tayas F	thics Commission www.ethics.state.tv.us Version.V4.1.0.e02d622

## SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense mmittee Legal Services The Instruction Guide explains h	Office Overling Experienting Experienting Experience Salaries/Water	head ense ense ages/	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID
	Sch: 15/20 Rpt: 26/31		Hall, Mia					
4	Date	5	Payee name					
	04/29/2025		Lula Johnson					
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	le			
ľ	\$64.00		1521 Belle View Blvd					
			#4107					
			Alexandria, VA 22307					
8	PURPOSE	(2)		T	(h)	Description		
ľ	OF	(4)	Category (See Categories listed at the top of this school Salaries/Wages/Contract Labor	edule)	(2)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Salaries, Wages, Soria act East.	- 1		Check if Austin	ı, TX	, officeholder living expense
l						Poll Greeting		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office soug	ght			Office held
	expenditure to benefit C/Oi	Η						
	Date		Payee name					
	05/01/2025		Lula Johnson					
Г	Amount (\$)		Payee address; City; State;	; Zip Cod	de			
	\$64.00							
1		l						
l			TX <sub>.</sub>					
H	PURPOSE	(a	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
١	OF EXPENDITURE		Salaries/Wages/Contract Labor					side of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense				
						Poll Greeting	3	
L		L		000				Office held
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	gnt			Office field
L		_					_	
	Date		Payee name					
L	05/05/2025	L	Lula Johnson		_			
1	Amount (\$)		Payee address; City; State	; Zip Co	de			
1	\$96.00							
1		l						
			TX					
Г	PURPOSE	(a	A) Category (See Categories listed at the top of this sch	hedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor					side of Texas. Complete Schedule T. X, officeholder living expense
						Poll Greeting		A, officerolder living expense
							J	
H	Complete ONLY if direct	_	Candidate/Officeholder name	Office sou	aht			Office held
	expenditure to benefit C/O		San	5 554	J			
$\vdash$								
1								

#### SCHEDULE F1

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

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

Event Expense Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salarise/Manas/Contract Labora

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

	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: 16/20 Rpt: 27/31	Hall, Mia
4	Date	5 Payee name
	05/27/2025	Lula Johnson
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.00	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Poll Greeting
_	0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
L	04/25/2025	Lula Johnson
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.00	
		TX
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
l		Poll Greeting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	3
⊨	Data	David and
	Date 04/28/2025	Payee name Lula Johnson
L		
	Amount (\$)	Payee address; City; State; Zip Code
l	\$64.00	
L		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
١		Poll Greeting
		1 3 3.339
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political		nmittee	Food/Beverage Expense Polling Expense Trave Gift/Awards/Memorials Expense Printing Expense Trave Legal Services Salaries/Wages/Contract Labor OTH					Travel Out of District OTHER (enter a category not listed at		
	Credit Card Payment	_		The Instruction Guide ex	xplains h	how to co	mple	te this form.	_		
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	
	Sch: 17/20 Rpt: 28/31		Hall, Mia								
4	Date	5	Payee name	}							
	05/15/2025		Minuteman								
6			Payee addre	W 20 100 20 100 20 100 20 100 20 100 20 100 20 20 20 20 20 20 20 20 20 20 20 20 2	State:	Zip Co	de		_		
آ	\$105.86		2904 Culler			ے حر	-				
	Ψ±05.00	١	C , Guildi								•
			Fort Worth,	TX 76107			,		_		
8	PURPOSE	(a)	Category (s	See Categories listed at the top	of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Printing Exp			1				ide of Texas. Complete Schedule T.	
		1				Į.		Printing Expe		, officeholder living expense	
		1				ļ		ug Expt	3		
_	Complete CNII V (C.I.	ب	Pandidate /c."	iceholder noma		Office sou	ap+			Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Canuldate/Off	ficeholder name		Jinice Sol	grit		_	Onice Held	
Γ	Date		Payee name	;							
	05/22/2025	1	Office Depo	¥							
$\vdash$	Amount (\$)	$\vdash$	Payee addre	ess; City;	State;	; Zip Co	ode				
	\$3.74			<u>.</u> .		,					
	<u>,</u>										
	İ		Fort Worth,	TX 76132							
$\vdash$	PURE SEE	,					11-1	D			
	PURPOSE OF	(a)	,					Description  Check if travel	Oute	side of Texas. Complete Schedule T.	
	EXPENDITURE		Printing Expense							K, officeholder living expense	
	ì							Printing - Vol			
H	Complete ONLY if direct		Candidate/Off	fficeholder name		Office sou	ıght		_	Office held	
	expenditure to benefit C/O										
F	Date		Dava -						_		
	Date 05/22/2025	1	Payee name Office Dep								
L	05/22/2025	L									
	Amount (\$)		Payee addre	ess; City;	State,	e; Zip Co	ode				
	\$33.22										
			Fort Worth	n, TX 76132							
H	PURPOSE	(a)	) Category /	See Categories listed at the top	of this sch	nedule)	(b)	Description			
	OF		Printing Ex		501	-1		Check if travel		side of Texas. Complete Schedule T.	
	EXPENDITURE		J ====							X, officeholder living expense	
		1						Printing - Vo	iun	iteer Material	
		L									
$\lceil$	Complete ONLY if direct		Candidate/Of	fficeholder name	(	Office so	ught	1		Office held	
	expenditure to benefit C/O	H					_		_		
Γ									_		
1											

#### SCHEDULE F1

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

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

Fees
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) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 18/20 Rpt: 29/31 Hall, Mia 4 Date Payee name PJ's Coffee 04/28/2025 Payee address; City; State; Zip Code 6 Amount (\$) \$24.79 7048 Granbury Rd Fort Worth, TX 76133 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Coffee for Volunteers Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Pappadeaux Seafood Kitchen 05/19/2025 Payee address; City; State; Zip Code Amount (\$) 2708 West Freeway \$137.15 Fort Worth, TX 76102 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Team Lunch Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 05/12/2025 Starbucks Payee address; City; State; Zip Code Amount (\$) \$7.44 Fort Worth, TX 76123 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituent Meeting Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

### SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense

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

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

	Contributions/ Donations Made By 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: 19/20 Rpt: 30/31	Hall, Mia
4	Date	5 Payee name
	05/03/2025	Tom Thumb
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.84	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Election Night Party
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Γ	Date	Payee name
	05/03/2025	WB Liquors
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$100.65	
		TX
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense    Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Election Night Party
L		
Γ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	n
Γ	Date	Payee name
	05/12/2025	Wix.Com
Γ	Amount (\$)	Payee address; City; State; Zip Code
	\$25.98	100 Gansevoort Street
		New York, NY 10014
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website Hosting
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefft C/O	
_		Warrian VA 1 0 002d622

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Git/Awards/Memorials Expens Legal Services  The Instruction Guide ex	Salari		es/Contract Labor	Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule F1:	2	FII FR NAME	:			3	Filer ID	
_	Sch: 20/20 Rpt: 31/31	_	Hall, Mia				ľ	THE ID	
4	Date	5	Payee name						
	05/06/2025		Xavier Hall						
6	Amount (\$)	7	Payee addre	ss; City;	State; Zip	Code			
	\$65.00		4629 Mapel						
			Fort Worth,	TX 76123					
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top o	of this schedule)	(b)	<b>Description</b>		
	OF EXPENDITURE		Salaries/Wa	ages/Contract Labor				side of Texas. Complete Schedule T.	
								X, officeholder living expense	
							Contract Labor		
L									
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office	sought		Office held	
H	Date		Davis a						
	05/27/2025		Payee name						
L		L	Xavier Hall		-		-,		
	Amount (\$)		Payee addre		State; Zip	Code			
	\$25.00		4629 Mapel	Hill Drive					
			Fort Worth,			_			
	PURPOSE OF	(a)		ee Categories listed at the top o	of this schedule)	(b)	<b>Description</b>		
	EXPENDITURE		Salaries/Wa	ages/Contract Labor			_	side of Texas. Complete Schedule T.	
							Contract Labor	X, officeholder living expense	
							Contract Labor		
L	0 1 0 0 1 1 1 1 1 1	L,			- "				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office	sought	150	Office held	
L		_							