	CANDIDATI	E / OFFICEHOLDER	Carried Service Control of the Contr	2/2/22/22/22	FORM C/OH			
		FINANCE REPORT	OFFICIAL RI	E-115(E-150(E)	COVER SHEET PG 1			
Th	e C/OH Instruction G	uide explains how to complete this	form. 1F File ORT	i, TX	2 Total pages filed: 19			
3	CANDIDATE /	MS / MRS / MR FIRST	·	МІ	OFFICE USE ONLY			
	OFFICEHOLDER NAME	Mia			Date Received			
					CSO REC'D			
		NICKNAME LAST		SUFFIX	APR 25'25 PH4:47			
		Hall						
4	CANDIDATE /	ADDRESS / PO BOX; APT / SUITE	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked			
	OFFICEHOLDER MAILING ADDRESS	PO Box 33574			Receipt # Amount			
	Change of Address	Fort Worth, TX 76162			Data Data and a second			
					Date Processed			
					Date Imaged			
5	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST		МІ				
		NICKNAME LAST		SUFFIX				
		2007 (2007)		NT-5 (P) LAME (N) (P) 4567				
6	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX P	PLEASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE			
	(Residence or Business)							
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM	MBER EXTENSION					
8	REPORT TYPE	January 15 30ti	h day before election	Runoff	15th day after campaign treasurer			
					appointment (officeholder only)			
		July 15 X 8th	day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)			
9	PERIOD	Month Day Year		Month Day	Year			
	COVERED	03/25/2025	THROUGH	04/23/202	5			
10	ELECTION	ELECTION DATE		ELECTION TYPE	_			
l		Month Day Year	Primary	Runoff	Other			
			General	Special				
11	OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)			
Г		R						
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				2 of 19				
13 C / OH NAME	Hall, Mia	1/	4 Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	s made by political come candidate's or officehonly if they receive notice	older's knowledge or	- 1					
Additional Pages	COMMITTEE TYPE COMMITTEE NAME GENERAL							
	COMMITTEE ADDRESS							
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS							
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELECT		\$ 0	0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,530	.00				
EXPENDITURE TOTALS		\$ 0	0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 12,648	.29			
CONTRIBUTION BALANCE	REPORTING PE			\$ 4,239	.92			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS O	F THE LAST DAY	\$ 0	00.0			
17 AFFIDAVIT		I swear, or affirm, under penalty of true and correct and includes all						
	KATHERINE L CENICOLA NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 06/21/2025 NOTARY ID 13118229-0 Signature of Candidate or Officeholder							
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subs	Sworn to and subscribed before me, by the said His the, this the, this the, this the, and and seal of office.							
Kauty Signature of offi	icer administering	Printed name of officer administering	Title of officer a	10+ay administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3	3 of 19						
18 FILER NAME Hall, Mia										
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTA										
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	\$ 1	2,648.29						
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 (\$) 5 Full name of contributor out-of-state PAC (ID#: 4 Date \$100.00 04/17/2025 Allen Gray, Kelly (Ms.) 6 Contributor address; City; State; Zip Code 2820 Galvez Avenue Fort Worth, TX 76111 Employer (See Instructions) Principal occupation / Job title (See Instructions) **KAG Consulting** Consultant Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor 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) Full name of contributor Amount of Contribution (\$) 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 Brown, Lauren (Ms.) 03/25/2025 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 7 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) Read2Win, Inc. CEO, Executive Director Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$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 04/23/2025 Elder, Marnese (Ms.) 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 (\$) out-of-state PAC (ID#: 4 Date 5 Full name of contributor \$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 (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 03/25/2025 Jackson, Kimberly (Ms.) 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 (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 04/21/2025 May, Mika (Ms.) Contributor address; City; State; Zip Code 2625 Exmore Pony Way Keller, TX 76244 Employer (See Instructions) Principal occupation / Job title (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 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) \$50.00 04/01/2025 Robinson, Nedra (Dr.) 6 Contributor address; City; State; Zip Code 3025 Gentilly Lane Fort Worth, TX 76123 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Fort Worth ISD Education Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 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
Credit Card Payment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gill/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	
8	Sch: 1/12 Rpt: 8/19		Hall, Mia								
4	Date	5	Payee name	1100							
	04/10/2025		Catalyst Ad	visors	_						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Cod	de				
	\$9,574.97		1108 Lavac	a Street							
			Austin, TX	78701							
8	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sche	edule)	(b)	Description	0.3790	n (ACT NACEAN NACEAN - MANAGEMENT AND STANKING PRONACES AND	
	OF EXPENDITURE		Consulting	Expense		0.0000				ide of Texas. Complete Schedule T.	
	EXI ENDITORIE							_		, officeholder living expense	
						- 1		Printing Expe	:115	С	
L		L	- "1 : 10"				-1-4		_	Office hold	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sou	gnt			Office held	
_		_									
	Date		Payee name								
	04/23/2025	L	Colchado, I	-rank							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de				
l	\$64.00										
l											
ı			TX								
Г	PURPOSE	(a	Category (s	ee Categories listed at th	e top of this sch	edule)	(b)	Description	Π	979 14490 959 97 21 DECRA 1970 ASS	
ı	OF EXPENDITURE			ages/Contract La						ide of Texas. Complete Schedule T.	
l	EXPENDITORE							Contract Lab		, officeholder living expense	
								Contract Lab	ioi		
H	Complete ONLY if direct	_	Candidate/Off	ficeholder name		Office sou	aht		_	Office held	
l	expenditure to benefit C/O		Carididate/On	iceriolder name		Jilioc Sou	gin			o moo noto	
⊨	Data	_					_		_		
l	Date		Payee name								
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l			1000000								
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Г	PURPOSE OF	(a		See Categories listed at th		nedule)	(b)	Description			
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ı								Contract Lab		t oncoroner ming expense	
									5.076		
\vdash	Complete ONLY if direct	_	Candidate/Of	ficeholder name	(Office sou	aht			Office held	
	expenditure to benefit C/C				·		3				
\vdash									_		
1											

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 2/12 Rpt: 9/19	Hall, Mia
A STATE OF THE PARTY OF THE PAR	5 Payee name
03/25/2025	Donor Box
\$2.63	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, VA 22307
8 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/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/25/2025	Donor Box
Amount (\$) \$4.95	Payee address; City; State; Zip Code 1521 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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 03/25/2025	Payee name Donor Box
Amount (\$) \$4.95	Payee address; City; State; Zip Code 1522 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
	This Commission was other state ty us Version V4.1.0 e02d622

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.				
L Total pages Schedule F1:	2 FILER NAME 3 Filer ID				
Sch: 3/12 Rpt: 10/19	Hall, Mia				
1 Date	5 Payee name				
03/27/2025	Donor Box				
5 Amount (\$) \$14.25	7 Payee address; City; State; Zip Code 1523 Belle View Blvd #4106 Alexandria, VA 22307				
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	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 Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 03/30/2025	Payee name 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/C	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense 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: Sch: 4/12 Rpt: 11/19	2 FILER NAME Hall, Mia			
4	1000 1000 1000 1000 1000 1000 1000 100	5 Payee name Donor Box			
6	(FA) (790 CC) (A) (A) (FA) (A)	7 Payee address; City; State; Zip Code 1524 Belle View Blvd #4106 Alexandria, VA 22307			
8	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			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	Date 04/07/2025	Payee name Donor Box			
	Amount (\$) \$5.20	Payee address; City; State; Zip Code 1523 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/O	Candidate/Officeholder name Office sought Office held H			
	Date 04/10/2025	Payee name Donor Box			
	Amount (\$) Payee address; City; State; Zip Code \$12.55 1524 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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH			
\vdash	3				

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Expense Printing Expens Salaries/Wages	ie //Contract Labor	T	ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	IE.			3 F	iler ID	
	Sch: 5/12 Rpt: 12/19	Hall, Mia						
4	Date	5 Payee nam	e					
	04/10/2025	Donor Box						
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Code				
5560	\$49.30	1525 Belle	e View Blvd					
	0							
		Alexandria	a, VA 22307					
8	PURPOSE OF		(See Categories listed at the top of this sch	hedule) (b)	Description	Lautalde	of Toyas, Complete Schadule T	
	EXPENDITURE	Fees			_		of Texas. Complete Schedule T. liceholder living expense	
	No. 1 and Colombia Colombia and				Fees			
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sought			Office held	
_	Date	Payee nam	ne					
	04/15/2025	Donor Box	X					
Н	Amount (\$)	Payee add	ress; City; State	e; Zip Code				
	\$5.20	1534 Belle	e View Blvd					
		Alexandria	a, VA 22307					
Г	PURPOSE	(a) Category	(See Categories listed at the top of this sc	hedule) (b)	Description	1000000-10	e www.ppgspeoegrebert.com.np.pett.com.npt	
ı	OF EXPENDITURE	Fees					of Texas, Complete Schedule T,	
					Fees	in, i A, G	fficeholder living expense	
ı					4 (5)(5)(5)			
H	Complete ONLY if direct	Candidate/C	Officeholder name	Office sought			Office held	
l	expenditure to benefit C/O	Н						
H	Date	Payee nan	ne					
l	04/17/2025	Donor Bo						
H	Amount (\$)	Payee add	ress; City; State	e; Zip Code				
ı	\$5.20		e View Blvd					
ı		MERCHARD BURNE						
		Alexandri	a, VA 22307					
H	PURPOSE	(a) Category	(See Categories listed at the top of this so	chedule) (b	Description		FEIGH BUG MASS ASSASSAS AS THE SHALL	
ı	OF EXPENDITURE	Fees		20000000000000000000000000000000000000			e of Texas. Complete Schedule T.	
ı	EM EMBITORE				Fees	tin, TX,	officeholder living expense	
\vdash	Complete ONLY if direct	Candidate/0	Officeholder name	Office sought			Office held	
	expenditure to benefit C/C							
H								

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gill/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 (\$) \$5.20	7 Payee address; City; State; Zip Code 1528 Belle View Blvd Alexandria, VA 22307						
8 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/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
04/19/2025	Donor Box						
Amount (\$) \$5.20	Payee address; City; State; Zip Code 1529 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 ONLY if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name						
04/21/2025	Donor Box						
Amount (\$) \$2.75	Payee address; City; State; Zip Code 1530 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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donalis

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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 7/12 Rpt: 14/19	Hall, Mia
4 Date	5 Payee name
04/22/2025	Donor Box
6 Amount (\$) \$24.80	7 Payee address; City; State; Zip Code 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/23/2025	Donor Box
Amount (\$) \$24.80	Payee address; City; State; Zip Code 1529 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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/17/2025	EIG
Amount (\$) \$22.38	Payee address; City; State; Zip Code 3675 Precision Drive
	Loveland, CO 80538
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/C	Candidate/Officeholder name Office sought Office held
	Version V4.1.0 e0.2462

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mittee	Gift/Awards/Memo Legal Services The Instruction	rials Expense n Guide explains		Vages/	Contract Labor		Travel Out of District OTHER (enter a category not listed abov	re)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 8/12 Rpt: 15/19		Hall, Mia						100 5	1 05/09 13/02	
4	Date	5	Payee name						7/22		
	04/04/2025		Edwards ar	nd Patterson's	Signs						
6	Amount (\$)	7	Payee addre	ss; City;	Stat	e; Zip Co	ode				
	\$1,321.24		203 S Belt	Line Rd.							
			Irving, TX 7	5060							
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this s	chedule)	(b)	Description			
1000	OF EXPENDITURE		Printing Ex					Check if travel	outsic	le of Texas, Complete Schedule T.	
l	EXPENDITURE		(50)					_	n, TX,	officeholder living expense	
								Yard Signs			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Off	iceholder nam	e	Office sou	ught			Office held	
F	Date		Payee name								
l	04/23/2025		Johnson, L	ula							
H	Amount (\$)	\vdash	Payee addre	ess; City;	Stat	e; Zip Ci	ode				
l	\$56.00		. Ly co dodin	,							
l	φ50.00										
			TX								
H	PURPOSE	(a)	Category (s	See Categories liste	d at the top of this s	chedule)	(b)	Description			
1	OF			ages/Contrac			101111000	Check if trave	l outsi	de of Texas. Complete Schedule T.	
l	EXPENDITURE							_		officeholder living expense	
l								Contract Lab	oor		
						11.50					
Г	Complete ONLY if direct		Candidate/Of	ficeholder nam	е	Office so	ught			Office held	
	expenditure to benefit C/O	Н									
Г	Date	Т	Payee name)							
ı	04/23/2025	1	Johnson, L	.ula							
Н	Amount (\$)	\vdash	Payee addr	ess; City;	Sta	te; Zip C	ode				
ı	\$48.00	1				396 7050 39					
ı	7.0.00	1									
ı		L	E + 1 A / + l -	TV							
L			Fort Worth	, IX				AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
	PURPOSE	(a)		See Categories liste	d at the top of this	schedule)	(b)	Description			
1	OF EXPENDITURE		Advertising	g Expense						de of Texas, Complete Schedule T. officeholder living expense	
ı								Contract Lal		onicenoider living expense	
								Join dot Edi	201		
H			n	Cashaldara		06000	ught			Office held	
	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Of	ficeholder nam	e	Office so	ugnt			Office field	
L	- Parising a seriout of	12000									

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/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID					
	Sch: 9/12 Rpt: 16/19	Hall, Mia					
4	Date	5 Payee name					
	04/21/2025	Kendyll Locke					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$730.00	2712 Ridge Road N					
		Fort Worth, TX 76133					
8	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. Check if Austin, TX, officeholder living expense					
		Contract Labor					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
ľ	expenditure to benefit C/O						
F	Date	Payee name					
	04/12/2025	Starbucks					
\vdash	Amount (\$)	Payee address; City; State; Zip Code					
	\$4.95	5901 Camp Bowie Blvd					
		Fort Worth, TX 76107					
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.					
		Check if Austin, TX, officeholder living expense Event Expense - Meet Mia					
		Event Expense meeting					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
F	Date	Payee name					
1	04/12/2025	Starbucks					
H	Amount (\$)	Payee address; City; State; Zip Code					
	\$4.95	5902 Camp Bowie Blvd					
		g.					
		Fort Worth, TX 76107					
H	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.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Event Expense - Meet Mia					
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/C						
H							
L							

SCHEDULE F1

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

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	Credit Card Payment The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·									
	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	Fees Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		Event Expense - Meet Mia									
_		Office cought									
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held									
L	Series and a series and the series are the series and the series and the series are the series and the series and the series are the series and the series a										
	Date	Payee name									
L	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									
l	Event Expense - Meet Mia										
l											
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/OH											
F	Date	Payee name									
l	04/19/2025	Starbucks									
H	Amount (\$)	Payee address; City; State; Zip Code									
	\$33.07	6077 McPherson Blvd									
		HONE SERVICE SERVICES									
l	Fort Worth, TX 76123										
\vdash	(a) Category (See Categories listed at the top of this schedule) (b) Description										
l	PURPOSE OF	Food/Beverage Expense									
l	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		Event Expense - Meet Mia									
L		Candidate/Officeholder name Office sought Office held									
	Complete ONLY if direct expenditure to benefit C/C	Carlandator Cinical Internal									
L											
1											

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donatio ns 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/Politica Credit Card Payment								
1	Total pages Schedule F1: Sch: 11/12 Rpt: 18/19	2 FILER NAME Hall, Mia							
4	Date 04/15/2025	5 Payee name Style FW Pictures							
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1535 Belle View Blvd Alexandria, VA 22307							
8	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							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI								
	Date Payee name 04/12/2025 Tarrant County Democratic Women								
Amount (\$) Payee address; City; State; Zip Code \$50.00 821 W. Vickery Fort Worth, TX 76111									
	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 Campaign Contribution - Membership Fee							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date 04/10/2025	Payee name Wix.com							
	Amount (\$) \$25.98	Payee address; City; State; Zip Code 100 Gansevoort Street New York, NY 10014							
	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 Website Hosting							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services	ense als Expense	Office Over Polling Exp Printing Exp	rhead ense pense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
			The Instruction	Guide explains l	now to con	nple	te this form.		
1	, ,		1E					3	Filer ID
101	Sch: 12/12 Rpt: 19/19	Hall, Mia							
4	Date 04/04/2025	5 Payee nam Xavier Ha							
6	Amount (\$) \$100.00	7 Payee add	ess; City;	State;	Zip Cod	de			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	C	Office soug	ght			Office held
	Date	Payee nam	e						
	04/14/2025	Xavier Ha	I						
	Amount (\$) \$50.00	Payee add		77577777	Zip Cod				
	PURPOSE OF EXPENDITURE		See Categories listed a		edule)	(b)		, TX,	de of Texas, Complete Schedule T, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	C	Office soug	ght			Office held
							W		