OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 1**

Tŀ	ne C/OH Instruction G	uide explains how to comple	te this form.		2 Total pages filed: 31
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Mia	МІ	OFFICE USE ONLY
	NAME		MIG		Date Received
		NICKNAME	LAST	SUFFIX	eco prom
			Hall		CSO REC'D MAY 30 '25 PM4:27
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
	MAILING ADDRESS	PO Box 33574			Receipt # Amount
	Change of Address	Fort Worth, TX 76162			Date Processed
					Date Imaged
5	CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
			LAST	SUFFIX	
6	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO	BOX PLEASE); AF	PT / SUITE #; CITY;	STATE; ZIP CODE
	(Residence or Business)				
7	CAMPAIGN TREASURER PHONE	AREA CODE PHON	E NUMBER EXTENSION		
8	REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer
		July 15	8th day before election	Exceeded modified	appointment (officeholder only) Final Report (Attach C/OH-FR)
		L Suly 13	Military denote electron	reporting limit	Tana report Paulot O'O' FERN
9	PERIOD COVERED	Month Day Year 04/24/2025	THROUGH	Month Day 05/28/202	Year
		04/24/2023	MKOOGH	03/26/202	·
10	D ELECTION	ELECTION DATE Month Day Year	Drimon	ELECTION TYPE	Other
		Month Day Year 06/07/2025	Primary General	X Runoff Special	
		The annual control of the control of	General	Special	
1:	1 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	
		Crowley ISD School Board	i rustee - Place 3	Fort Worth City C	Council - District 6
r		•	8	·	
			GO TO PAGE 2	Í	
Ļ		vac Ethice Commission	www.ethics.state.tv		Version V4.1.0 e02d622

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

AND THE STREET OF THE STREET OF THE STREET			2 of 31					
Hall, Mia		14 Filer ID						
candidate / officeholder.	These expenditures may have been made without th	ne candidate's or officeho	older's knowledge or					
Additional Pages COMMITTEE TYPE COMMITTEE NAME COMMITTEE NAME COMMITTEE ADDRESS								
		S						
			,					
1. TOTAL UNITEM OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00					
		i)	\$ 35,743.44					
			\$ 0.00					
4. TOTAL POLITIC	AL EXPENDITURES		\$ 22,803.87					
REPORTING PE	RIOD		\$ 13,406.05					
		OF THE LAST DAY	\$ 0.00					
MY COMMISSION EXPIR JANUARY 29, 2028 NOTARY ID: 12899799 TARY STAMP / SEAL AB	true and correct and includes all under Title 15, Election Code. Signature of Mia Hall	Il information required to	be reported by me					
	This box is for notice of prediction consent. Candidate / officeholder. consent. Candidates and COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL UNITEMIOR GUARANTEI 2. TOTAL POLITICATION (OTHER THAN FOUNT CONTENT OF THE REPORTING PER FORTH OF THE REPORTING PER FORTH OF THE REPORTION OF THE REPORTIO	This box is for notice of political contributions accepted or political expenditure andidate / officeholder. These expenditures may have been made without the consent. Candidates and officeholders are required to report this information. COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE NAME COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTORY OF THE THAT OR GUARANTEES OF LOANS, OR GUARANTEES OF LOANS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	This box is for notice of political contributions accepted or political expenditures made by political consent. Candidate / officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive notice consent. Candidates and officeholders are required to report this information only if they receive notice consent. Candidates and officeholders are required to report this information only if they receive notice consent. Candidates are required to report this information only if they receive notice consent. Candidates are required to report this information only if they receive notice consents. Candidates are required to report this information only if they receive notice consents. Candidate in the consents of the consents					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		07750eF3		3 of 31
18 FILER NAM	E	19 Filer ID		
Hall, Mia				
20 SCHEDULE NAME OF S			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	IS	\$	22,803.87
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	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 CONTRIBUTION	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: 1/7 Rpt: 4/31 2 FILER NAME Filer ID Hall, Mia 5 Full name of contributor 7 Amount of Contribution (\$) 4 Date 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 (\$) Full name of contributor out-of-state PAC (ID#: \$500.00 05/07/2025 Bobb, Stevan (Mr.) 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 Amount of Contribution (\$) out-of-state PAC (ID#: 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 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$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#: 05/05/2025 Fort Worth Firefighter Committee for Responsible Government \$10,000.00 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 2 FILER NAME 3 Filer ID Hall, Mia Date 5 Full name of contributor Amount of Contribution (\$) 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 Date out-of-state PAC (ID#: \$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#: \$100.00 05/14/2025 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 Murphy, Patrick (Mr.) 05/06/2025 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 Date 7 Amount of Contribution (\$) 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 Employer (See Instructions) Principal occupation / Job title (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 (\$) Full name of contributor Date \$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 NA 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 Version V4.1.0.e02d6221 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

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) RN Case Manager City of Fort Worth 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 Version V4.1.0.e02d6221 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

		SCHEDULI	- / -
he Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/31	
ILER NAME Iall, Mia	3	Filer ID	
5 Full name of contributor out-of-state PAC (ID#:) 5/21/2025 Vermaire Fox, Karen (Ms.) 6 Contributor address; City; State; Zip Code 6801 Briarwood Drive Fort Worth, TX 76132	7	Amount of Contribution (\$)	\$250.0
rincipal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO/Owner Quindigo Management	s)		
Poate Full name of contributor out-of-state PAC (ID#:) Vogel, Carlela (Ms.) Contributor address; City; State; Zip Code 901 Old Gate Road Lakeside, TX 76108		Amount of Contribution (\$)	\$50.0
Principal occupation / Job title (See Instructions) Employer (See Instruction	s)		

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 9 In-kind contribution 6 Full name of contributor out-of-state PAC (ID#: contribution (\$) description \$3,773.44! Printing and Installation of 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)

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Forms provided by Texas Ethics Commission

Version V4.1.0.e02d6221

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

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 (Autor & Statement and Institute of District)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee L	ift/Awards/Memorial: egal Services The Instruction G			ages/	Contract Labor		OTHER (enter a category not listed above)	
1	Total pages Schedule F1: Sch: 1/20 Rpt: 12/31	2	FILER NAME Hall, Mia						3	Filer ID	
_	AND THE PARTY OF T	_							_		
4	Date 04/30/2025	5	Payee name Catalyst Adv	isors							
6	Amount (\$) \$5,000.80	7	Payee address 1108 Lavaca Austin, TX 78	Street	State	; Zip Coo	de				
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See}	categories listed at xpense	the top of this sch	nedule)		_	TX,	ide of Texas. Complete Schedule T, , officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	(Office sou	ght			Office held	
Γ	Date	Γ	Payee name	88							
	05/07/2025		Catalyst Adv	risors							
	Amount (\$) \$4,408.78		Payee addres 1108 Lavaca	400	State	e; Zip Co	de				
			Austin, TX 7	8701							
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Consulting E	e Categories listed a Expense	t the top of this scl	hedule)	(b)		, TX	side of Texas. Complete Schedule T. K, officeholder living expense ENSE	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name		Office sou	ght			Office held	
	Date 05/14/2025		Payee name Catalyst Adv	visors							
	Amount (\$) \$6,956.69		Payee address 1108 Lavaca Austin, TX 7	a Street	State	e; Zip Co	ode				
	PURPOSE OF EXPENDITURE	(a) Category _{(Se} Consulting E	e Categories listed a Expense	at the top of this sc	chedule)	(b)		n, TX	side of Texas. Complete Schedule T. X. officeholder living expense ICNSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		Candidate/Offi	ceholder name		Office sou	ight			Office held	
Γ											

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

	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: 2/20 Rpt: 13/31	Hall, Mia
4	Date	5 Payee name
	05/20/2025	Catalyst Advisors
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,138.70	1108 Lavaca Street
	8-7	
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Printing - Campaign Material
_	Consider ONLY if disease	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Carlotatto Cinconstant
	- Automotive and the second	
	Date	Payee name
L	05/20/2025	Catalyst Advisors
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1108 Lavaca Street
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting Expense
		Consuming Expense
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	5	-
l	Date	Payee name Catalyst Advisors
L	05/20/2025	Catalyst Advisors
	Amount (\$)	Payee address; City; State; Zip Code
ı	\$900.00	1108 Lavaca Street
l		LVELENIAGE - SSENA AND PROPERTY.
l	d d	Austin, TX 78701
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
1	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Printing - Campaign Material
		Finding - Campaign Material
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	N°	
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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- I Cor	mmittee L	ift/Awards/Memorials egal Services The Instruction G	Expense		kpense Vages/	Contract Labor	Travel Out of District OTHER (enter a category not listed a	above)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	
	Sch: 3/20 Rpt: 14/31		Hall, Mia							
4	Date	5	Payee name							
	05/20/2025		Catalyst Adv	isors						
6	Amount (\$)	7	Payee address	s; City;	State	; Zip Co	de			
	\$888.08		1108 Lavaca	Street						
	er .									
			Austin, TX 78	3701						
8	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Consulting E	xpense		. 18			tside of Texas. Complete Schedule T.	
	EM EMBITORE								X, officeholder living expense	
								Consulting Exp	Jense	
_		L	- "			000			O#ica hald	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name		Office sou	ight		Office held	
	Date		Payee name							
	04/29/2025		Colchado, Fr	rank						
Т	Amount (\$)	Г	Payee addres	s; City;	State	; Zip Co	ode			
	\$96.00		1522 Belle V	iew Blvd						
		l	#4108							
			Alexandria, \	VA 22307						
_	PURPOSE	(a		e Categories listed at			(b)	Description		
	OF	,,,		e categories listed at ges/Contract L		nedule)	,,,	[<u>44.4]</u> [46] [66]	itside of Texas, Complete Schedule T.	
	EXPENDITURE		Salaties/ Wa	ges/contract i	-uoo.			Check if Austin, 1	TX, officeholder living expense	
		١						Poll Greeting		
		l								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name		Office sou	ught		Office held	
Ī	Date	Т	Payee name							
	05/01/2025		Colchado, F	rank						
	Amount (\$)	T	Payee addres	s; City;	State	e; Zip Ci	ode			
	\$96.00	1								
		ı								
		1	TX							
-	PURPOSE	(a) Category	e Categories listed a		to the Land	(b)	Description		
	OF	1,0		e Categories listed a .ges/Contract		nedule)	(-,		utside of Texas. Complete Schedule T.	
	EXPENDITURE	1	Salaries	.gcs/contract	LUDOI			Check if Austin,	TX, officeholder living expense	
								Poll Greeting		
						- 40	Ļ		000	
	Complete ONLY if direct expenditure to benefit C/O	Н	Candidate/Office	ceholder name		Office so	ught		Office held	
	experientare to belieff 6/6									
										- T- S
_									Version VA 1	0 -004600

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/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/20 Rpt: 15/31	2 FILER NAME Hall, Mia
Telegranic Constitution of Constitution (Constitution Constitution Con	Silvery Congress
4 Date	5 Payee name
05/05/2025	Colchado, Frank
6 Amount (\$) \$128.00	7 Payee address; City; State; Zip Code TX
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 Poll Greeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/25/2025	Colchado, Frank
Amount (\$) \$96.00	Payee address; City; State; Zip Code
	TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll Greeting
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/28/2025	Colchado, Frank
Amount (\$) \$64.00	Payee address; City; State; Zip Code
	TX
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 Poll Greeting
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense AccountingBanking
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

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

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 5/20 Rpt: 16/31 Hall, Mia 4 Date Payee name 04/29/2025 Donor Box 6 Amount (\$) Payee address; City: State; Zip Code \$49.30 1520 Belle View Blvd #4106 Alexandria, VA 22307 **PURPOSE** (b) Description (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 Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/03/2025 Donor Box Payee address; State; Zip Code Amount (\$) \$12.55 1523 Belle View Blvd 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. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/05/2025 Donor Box State; Zip Code Payee address; City; Amount (\$) 1524 Belle View Blvd \$24.80 Alexandria, VA 22307 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees Office held Candidate/Officeholder name Office sought Complete ONLY if direct 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 Gift/Awards/Memorials Expense Legal Services 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 Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
-	Tatal asses Cabadula E1.	
1	Total pages Schedule F1:	
	Sch: 6/20 Rpt: 17/31	Hall, Mia
4	Date	5 Payee name
	05/06/2025	Donor Box
6	Amount (\$)	7 Payee address; City; State; Zip Code
_	\$2.75	1527 Belle View Blvd
	Ψ2.73	1527 Belle View Blvd
		Alexandria, VA 22307
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
		Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
=	Date	Payee name
	05/06/2025	Donor Box
	75 T 1 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7	7.700
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.30	1528 Belle View Blvd
		Alexandria, VA 22307
_	PURPOSE	(b) Description
	OF	Cheels if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Fees Check if Austin, TX, officeholder living expense
		Fees
		90.044.046
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Curioration of the control of the co
	Date	Payee name
	05/07/2025	Donor Box
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$24.80	1530 Belle View Blvd
l		
		Alexandria, VA 22307
		1
	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
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
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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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Cor	nmittee	Gilt/Awards/Memorials Legal Services The Instruction Gu	Expense		pense /ages/	Contract Labor	Travel Out of District OTHER (enter a catego	ry not listed above)
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 addre	ss; City;	State	Zip Co	de			
	\$1.53		1531 Belle	View Blvd						
	V6									
			Alexandria,	VA 22307						
8	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	edule)	(b)	Description		IOSI VESAKTI KIRSINY
	OF EXPENDITURE		Fees			800	3		outside of Texas, Complete S	
	LAI LIIIII III							Fees	, TX, officeholder living exper	ise
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9	Complete ONLY if direct	Ц,	Candidate/Off	iceholder name		Office sou	aht		Office held	
9	expenditure to benefit C/O		candidateron	octioner name	,	Jilloc Jou	gin			
	Date		Payee name							
	05/07/2025		Donor Box							
	Amount (\$)	Г	Payee addre	ess; City;	State	; Zip Co	ode			
	\$24.80		1532 Belle	View Blvd						
	7057450h 100-									
			Alexandria	VA 22307						
	PURPOSE	(a	Category (S	See Categories listed at	the top of this scl	nedule)	(b)	Description		
	OF EXPENDITURE		Fees						outside of Texas. Complete :	
		l						Fees	i, 1X, olliceriolder living expe	nae
Н	Complete ONLY if direct		Candidate/Of	ficeholder name		Office sou	ıght		Office held	
L	expenditure to benefit C/O	Н								
	Date	Γ	Payee name							
	05/07/2025	L	Donor Box							
	Amount (\$)		Payee addre		State	; Zip Co	ode			
	\$5.20		1533 Belle	View Blvd						
			Alexandria	, VA 22307						
Г	PURPOSE	(a) Category (See Categories listed at	the top of this sc	hedule)	(b)	Description		
ı	OF EXPENDITURE		Fees						l outside of Texas. Complete n, TX, officeholder living expe	
l	LAI LIIDII OIL	١						Fees	n, TX, officeholder living expe	nse
								1 000		
\vdash	Complete ONLY if direct	_	Candidate/Of	ficeholder name		Office sou	ught		Office held	
	expenditure to benefit C/O	Н								
H										
L			- 0	12.2		atata to			1/0	reion V/4 1 0 e02d622

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Fees Food/Beverage Expense Gilt/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: 8/20 Rpt: 19/31 Hall, Mia 4 Date Payee name 05/09/2025 Donor Box Payee address; State; Zip Code 6 Amount (\$) City; \$12.55 1535 Belle View Blvd 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 Candidate/Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/09/2025 Donor Box State; Zip Code Amount (\$) Payee address; City: \$5.20 1536 Belle View Blvd 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. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/12/2025 Donor Box Payee address; City; State; Zip Code Amount (\$) \$49.30 1537 Belle View Blvd 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 Fees Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services 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: 9/20 Rpt: 20/31 Hall, Mia Date Payee name 05/12/2025 Donor Box Payee address; City; State; Zip Code 6 Amount (\$) \$5.20 1528 Belle View Blvd Alexandria, VA 22307 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 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 05/12/2025 Donor Box Payee address; State; Zip Code Amount (\$) \$25.98 1529 Belle View Blvd 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. OF Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/13/2025 Donor Box Payee address; City; State; Zip Code Amount (\$) \$24.80 1528 Belle View Blvd 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 Fees Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

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 Credit Card Payment	l Cor	nmittee	Gift/Awards/Memorials Ex Legal Services	Salarie		/Contract Labor		OTHER (enter a category not	listed above)
	Creak card rayment			The Instruction Guid	e explains how to	comple	ete this form.	_		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	
	Sch: 10/20 Rpt: 21/31		Hall, Mia							
4	Date	5	Payee name							
	05/14/2025		Donor Box							
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	40.20		2020 200							
			^ l = = . = al al =	VA 22207						
		L	Alexandria,	VA 22307		Two				
8	PURPOSE OF	(a)	Category (S	ee Categories listed at the	top of this schedule)	(b)	Description		a of Towns Complete School	to T
	EXPENDITURE		Fees						e of Texas. Complete Schedu officeholder living expense	ie i.
							Fees		on one of the original original or	
							10/2/2016			
-	Complete ON V if discret	Ц	Condidate /C#	iceholder nama	Office s	ought			Office held	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	Office s	ougnt			Office field	
))	_								
	Date		Payee name	r.						
	05/14/2025		Donor Box							
Г	Amount (\$)	Г	Payee addre	ess; City;	State; Zip	Code				
	\$5.20		1530 Belle	View Blvd						
			Alexandria	VA 22307						
\vdash	PURPOSE	10			NOT THE COLOR OF STREET	I/h)	Description			
	OF	(a	Fees	See Categories listed at the	top of this schedule)	(6)		loutsid	de of Texas. Complete Schedu	ule T.
	EXPENDITURE	l	rees				Check if Austi	in, TX,	officeholder living expense	
		1				1	Fees			
Н	Complete ONLY if direct		Candidate/Of	ficeholder name	Office :	sought			Office held	
	expenditure to benefit C/O	H								
=	Date	Т	Payee name	3						
	05/14/2025		Donor Box							
L		+			Ctata: 71-	Code				
	Amount (\$)		Payee addr	The same of the sa	State; Zip	Code				
	\$5.20		1258 Relle	View Blvd						
			Alexandria	, VA 22307						
Г	PURPOSE	(a	Category (See Categories listed at the	top of this schedule)	(b)) Description			25 - 2
	OF EXPENDITURE		Fees						de of Texas. Complete Sched	ule T.
ı	EXPENDITORE	1					_	in, TX,	officeholder living expense	
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	Complete <u>ONLY</u> if direct expenditure to benefit C/C		Candidate/O	ficeholder name	Office	sough	t		Office held	
L	experialture to benefit C/C	/[]								
느		-46	as Commis	day	av othics state				Version	V4.1.0 e02d622

SCHEDULE F1

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

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

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

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

Candidate/Officeholder/P Credit Card Payment	olitical Committee	Legal Services The Instruction Guid	Salaries/W e explains how to cor	ages/Contract Labo		ot listed above)
1 Total pages Schedule	F1: 2 FILER NAM	ME			3 Filer ID	
Sch: 11/20 Rpt: 22/	DOTAL STREET, SALES					
4 Date	5 Payee nam	ne				
05/14/2025	Donor Bo	X				
6 Amount (\$) \$1.		ress; City; e View Blvd a, VA 22307	State; Zip Co	de		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(See Categories listed at the	top of this schedule)		n travel outside of Texas. Complete Sche: Austin, TX, officeholder living expense	dule T.
Complete ONLY if dire expenditure to benefit		Officeholder name	Office sou	ght	Office held	
Date	Payee nar	ne				
05/14/2025	Donor Bo	×				
Amount (\$)		dress; City; le View Blvd ia, VA 22307	State; Zip Co	de		
PURPOSE OF EXPENDITURE	(a) Category Fees	(See Categories listed at the	top of this schedule)		n travel outside of Texas. Complete Sche Austin, TX, officeholder living expense	dule T.
Complete ONLY if dire expenditure to benefit		Officeholder name	Office sou	ght	Office held	
Date	Payee nar	ne				
05/14/2025	Donor Bo	οx				
Amount (\$) \$5		dress; City; le View Blvd ia, VA 22307	State; Zip Co	de		
PURPOSE OF EXPENDITURE	(a) Category Fees	(See Categories listed at the	top of this schedule)		ON travel outside of Texas, Complete Scho Austin, TX, officeholder living expense	edule T.
Complete <u>ONLY</u> if dir expenditure to benefi		Officeholder name	Office sou	ght	Office held	
Forms provided by Tex	as Ethics Commi	ssion wv	ww.ethics.state.tx.u	ıs	Versio	n V4.1.0.e02d622

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Travel in District Travel Out of District 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 2 FILER NAME 1 Total pages Schedule F1: Sch: 12/20 Rpt: 23/31 Hall, Mia 4 Date Payee name 05/15/2025 Donor Box Payee address; City: State; Zip Code 6 Amount (\$) 1529 Belle View Blvd \$2.75 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 held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 05/16/2025 Donor Box Payee address; City; State: Zip Code Amount (\$) \$122.80 1530 Belle View Blvd Alexandria, VA 22307 **PURPOSE** (b) Description (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 Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/16/2025 **Donor Box** City; State; Zip Code Payee address; Amount (\$) \$24.80 1531 Belle View Blvd 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 Fees Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Travel in District Travel Out of District Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Consulting Expense Contributions/ Donations Made By Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 13/20 Rpt: 24/31 Hall, Mia 4 Date Payee name 05/19/2025 Donor Box Payee address; City; State; Zip Code 6 Amount (\$) \$37.31 1528 Belle View Blvd 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 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 05/21/2025 Donor Box Payee address; City; State; Zip Code Amount (\$) \$12.55 1528 Belle View Blvd 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 Fees Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/27/2025 **Donor Box** State; Zip Code Payee address; City; Amount (\$) \$24.80 1529 Belle View Blvd Alexandria, VA 22307 **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 Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)**

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Fees Food/Beverage Expense Gill/Awards/Memorials Expense Legal Services Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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 1 Total pages Schedule F1: 2 FILER NAME Sch: 14/20 Rpt: 25/31 Hall, Mia 4 Date 5 Payee name 05/19/2025 EIG Payee address; City; State; Zip Code 6 Amount (\$) \$22.38 3675 Precision Drive Loveland, CO 80538 **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 held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/03/2025 Joe's Pizza Payee address; City; State; Zip Code Amount (\$) \$83.17 8540 S Hulen Street Fort Worth, TX 76123 **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 Volunteer Lunch Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 05/05/2025 Jumbo Property Management Payee address; City; State; Zip Code Amount (\$) \$200.00 9700 Apex Drive Fort Worth, TX 76108 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Road Sign Removal Complete ONLY if direct Candidate/Officeholder name Office sought Office held 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
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)

Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 15/20 Rpt: 26/31 Hall, Mia Date Payee name 04/29/2025 Lula Johnson 6 Amount (\$) Payee address; City; State; Zip Code \$64.00 1521 Belle View Blvd #4107 Alexandria, VA 22307 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF 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 Lula Johnson Amount (\$) Payee address; City; State; Zip Code \$64.00 TX **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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/05/2025 Lula Johnson Payee address; State; Zip Code Amount (\$) City; \$96.00 TX **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 Office sought Office held Candidate/Officeholder name Complete ONLY if direct 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/Politica Credit Card Payment						
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 (\$) \$128.00	7 Payee address; City; State; Zip Code					
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 Poll Greeting					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
04/25/2025	Lula Johnson					
Amount (\$) Payee address; City; State; Zip Code \$56.00						
	TX					
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 Poll Greeting					
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
04/28/2025	Lula Johnson					
Amount (\$) Payee address; City; State; Zip Code \$64.00						
	TX					
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 Poll Greeting					
Complete ONLY if direct expenditure to benefit C/C	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/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·						
	Sch: 17/20 Rpt: 28/31	Hall, Mia						
4	Date	(400.894.00)						
4	05/15/2025	5 Payee name Minuteman Press						
•								
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$105.86	2904 Cullen Street						
		Fort Worth, TX 76107						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Printing Expense						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
_	expenditure to benefit C/OI							
=	Date	Payee name						
	05/22/2025	Office Depot						
_		THE CONTROLL OF THE STATE OF TH						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3.74							
	Fort Worth, TX 76132							
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Distributer Expresses		Total Management and the Company of						
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Printing - Volunteer Material							
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	- Carried Carr						
-	Date	Payee pame						
	Date Payee name Office Depot							
L	05/22/2025 Office Depot							
	Amount (\$) Payee address; City; State; Zip Code							
	\$33.22							
L		Fort Worth, TX 76132						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	nvariative side unitations a set (1770/2010)	Printing - Volunteer Material						
		Thinny Volumes Marie						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							
H	38%							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Transportation Equipment & Related Expense Travel in District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Consulting Expense Contributions/ Donations Made By -Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID 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 (\$)

Forms provided by Texas Ethics Commission

\$7.44

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Fort Worth, TX 76123

Food/Beverage Expense

Candidate/Officeholder name

(a) Category (See Categories listed at the top of this schedule)

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Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Constituent Meeting

Version V4.1.0.e02d6221

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 Committee Credit Card Payment		Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel in District Travel Out of District OTHER (enter a category not listed above)			
Total pages Schedule F1:	2 FILER NAME				3 Filer ID		
Sch: 19/20 Rpt: 30/31	Hall, Mia						
Date	5 Payee name						
05/03/2025	Tom Thumb						
Amount (\$) \$104.84	7 Payee address;	City; State	; Zip Code				
			l no				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living expenses. Election Night Party				, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	Office held					
Date	Payee name						
05/03/2025	WB Liquors						
Amount (\$) \$100.65							
	TX						
PURPOSE OF EXPENDITURE	Event Expense				Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Election Night Party		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	er name	Office sough	t	Office held		
Date	Payee name						
05/12/2025	Wix.Com						
Amount (\$) \$25.98	t (\$) Payee address; City; State; Zip Code \$25.98 100 Gansevoort Street						
	New York, NY 10		1				
PURPOSE OF EXPENDITURE	(a) Category (See Category Advertising Expenses	ng Expense		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/Officehold H	ler name	Office sough	t	Office held		
orms provided by Texas E	thics Commission	www.ethics	.state.tx.us		Version V4.1.0.e02d6		

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

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

Polling Expense
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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 20/20 Rpt: 31/31 Hall, Mia Date Payee name 05/06/2025 Xavier Hall 6 Amount (\$) Payee address: City; State; Zip Code \$65.00 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/27/2025 Xavier Hall Amount (\$) Payee address; City; State; Zip Code \$25.00 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH