OFFICIAL RECORD CITY SEGRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FT. WORTH, TX FORM C/OH
COVER SHEET PG 1

The C/OH Instruction G	ide explains how to complete this form.	Filer ID (Ethics Commission Filers)	2 Total pages filed: 43
3 CANDIDATE / OFFICEHOLDER	ms / mrs / mr First Dr. Jamia	мі В.	OFFICE USE ONLY
NAME	nickname last Mia' Ha ll	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; P.O. Box 33574 APT / SUITE #; CITY; Fort V	Vorth, Texas 76162	CSO REC'D APR 3 '25 PM4:01
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Juan	М	Date Processed
INAME	NICKNAME LAST 'Charlie' Garcia	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE 2440 Loreto Drive	Fort Worth, Texa	STATE; ZIP CODE as 76177
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	(956) PHONE NUMBER 292-8548	EXTENSION	
9 REPORT TYPE	July 15 30th day before elections 30th day before 80th day before elections 30th day before elections 30th day before elections 30th day before 80th	Eveneded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Menth Day Year 1 / 28 / 25	THROUGH 3	Day Year / 24 / 25
11 ELECTION	Month Day Year Primary 5 / 3 / 25 General	Runoff Other Description Municipal	
12 OFFICE	OFFICE HELD (If any) Crowley ISD School Board Trustee - Pl	13 OFFICE SOUGHT (if known in a second state of the sought	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES M. CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED	AY HAVE BEEN MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
annengueringschille at to 2	SPECIFIC COMMITTEE CAMPAIGN TREAS	URER NAME	
	COMMITTEE CAMPAIGN TREAS	SURER ADDRESS	
	GO TO P	AGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

SUFFURI	& IOIALO			2 of 43			
13 C / OH NAME	Hall, Mia		14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	dideta / efficabolder	olitical contributions accepted or political These expenditures may have been ma officeholders are required to report this	ide without the candidate's or officen	older's knowledge of			
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME					
	SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURI	ER NAME				
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS				
16 CONTRIBUTION TOTALS	TOTAL UNITEM OR GUARANTE	L IZED POLITICAL CONTRIBUTIONS (0 ES OF LOANS, OR CONTRIBUTIONS	OTHER THAN PLEDGES, LOANS, MADE ELECTRONICALLY)	\$ 0.00			
	2. TOTAL POLITION (OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$ 21,550.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					
	Lak 2501 December 200 Anthorn School (200 Control of Co	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	REPORTING P			\$ 13,358.12			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPO	PAL AMOUNT OF ALL OUTSTANDING RTING PERIOD	S LOANS AS OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		I swear, or affirm, true and correct a under Title 15, Ele	near Is an	be reported by me			
ACCIV NA	OTARY STAMP / SEAL A	BOVE	Signature of Candidate or Officehol	uei			
95702 155554930690	scribed before me, by the	4. 11.15	MY COM AUG	day LALLI DIAZ MISSION EXPIRES UST 18, 2026 LY ID: 133916235			
Signature of of	fficer administering	Printed name of officer administ		nadountstaring action			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 43
STATE OF	ER NAM	E	19 Filer ID		
		E SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,550.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	10,000.00
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	8,191.88
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	18,662.85
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	о. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1:	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$	
1	2.	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: 1/11 Rpt: 4/43 3 Filer ID FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor 4 Date \$100.00 03/17/2025 Adams, Vincent (Mr.) 6 Contributor address; City; State; Zip Code 6333 Warwick Hills Dr Fort Worth, TX 76132 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Vince Adams State Farm Agency CEO Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$150.00 Allen Gray, Kelly (Ms.) 03/05/2025 Contributor address; City; State; Zip Code 2820 Galvez Avenue Fort Worth, TX 76111 Employer (See Instructions) Principal occupation / Job title (See Instructions) KAG Consulting, LLC Consultant Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 02/26/2025 Austin, Jim (Mr.) Contributor address; City; State; Zip Code TX Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 03/16/2025 Bess, Doris (Ms.) Contributor address; City; State; Zip Code 961 Prairie Timber Road Burleson, TX 76028 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 02/18/2025 Brender, John (Mr.) Contributor address; City; State; Zip Code 2917 Alton Fort Worth, TX 76109 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/11 Rpt: 5/43 3 Filer ID 2 FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor 4 Date \$50.00 03/15/2025 Carter, Gwen (Ms.) 6 Contributor address; City; State; Zip Code 220 E. Embercrest Dr. Arlington, TX 76018 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 03/17/2025 Covington, Jennifer (Ms.) Contributor address; City; State; Zip Code 7120 Francisco Dr Fort Worth, TX 76133 Employer (See Instructions) Principal occupation / Job title (See Instructions) Brackett and Ellis Attorney Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 Crossley, Richard (Mr.) 02/21/2025 Contributor address; City; State; Zip Code 2233 Blue Sage Drive Flower Mound, TX 75028 Principal occupation / Job title (See Instructions) Employer (See Instructions) **FWISD** JROTC Director Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$500.00 02/22/2025 Dansby, Walter (Mr.) Contributor address; City; State; Zip Code 1909 Cliffbrook Court Fort Worth, TX 76112 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 03/24/2025 Dilworth, Jannis (Ms.) Contributor address; City; State; Zip Code 2724 Forest Creek Dr Fort Worth, TX 76123 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: 3/11 Rpt: 6/43 3 Filer ID FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor 4 Date \$250.00 02/25/2025 Douglas, Sharon (Ms.) 6 Contributor address; City; State; Zip Code 6825 Manhattan Boulevard 103 Fort Worth, TX 76120 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) POTERE CONSTRUCTION LLC Construction Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$150.00 02/25/2025 Gomez, Xavier (Mr.) Contributor address; City; State; Zip Code 2864 Stackhouse Street Fort Worth, TX 76244 Employer (See Instructions) Principal occupation / Job title (See Instructions) Aquatots Swim instructor Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$25.00 01/30/2025 Hall, Mia (Dr.) tributor address: City: State: Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) **FWISD Public School Executive** Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 03/21/2025 Hall, Stae (Mrs.) Contributor address; City; State; Zip Code 9021 Nightingale Dr Fort Worth, TX 76123 Employer (See Instructions) Principal occupation / Job title (See Instructions) iSALT,LLC CEO | EQ Expert Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$250.00 03/17/2025 Hensarling, Gene (Mr.) Contributor address; City; State; Zip Code 105 Running Bear Trail Decatur, TX 76234 Employer (See Instructions) Principal occupation / Job title (See Instructions) Texas AirSystems Account Exex

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/11 Rpt: 7/43 3 Filer ID FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor 4 Date \$25.00 Hinton, Sharretha (Ms.) 02/20/2025 6 Contributor address; City; State; Zip Code 215 Chateau Avenue Kennedale, TX 76060 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Public Servant Public Servant Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 03/15/2025 Horace, D L (Mr.) Contributor address; City; State; Zip Code 609 Fort Worth St Jacksonville, TX 75766 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 Houston Johnson, Nicole (Ms.) 02/26/2025 Contributor address; City; State; Zip Code 8300 BIG STONE CT FORT WORTH, TX 76123 Employer (See Instructions) Principal occupation / Job title (See Instructions) The Rensselaerville Institute Chief Partnerships Officer Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$250.00 02/15/2025 Hughes, Greg (Mr.) Contributor address; City; State; Zip Code 3408 View Street Fort Worth, TX 76103 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID# Amount of Contribution (\$) Full name of contributor Date \$2,500.00 Jackson, Monica Bailey (Mrs.) 02/11/2025 Contributor address; City; State; Zip Code 2605 Winding Hollow Lane Arlington, TX 76006 Employer (See Instructions) Principal occupation / Job title (See Instructions) LeVis Consulting Group, LLC **Business Owner**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/11 Rpt: 8/43 3 Filer ID 2 FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor 4 Date \$250.00 James-Harvey, Donna (Ms.) 02/24/2025 6 Contributor address; City; State; Zip Code 4517 Windsor Ridge Drive Irving, TX 75038 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Consultant Contractor Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 Johnson, Cheryl (Mr.) 03/14/2025 Contributor address; City; State; Zip Code 829 Simi Dr Arlington, TX 76001 Employer (See Instructions) Principal occupation / Job title (See Instructions) Houston **Executive Director** Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 Johnson, Richard (Mr.) 02/20/2025 Contributor address; City; State; Zip Code 1001 West Rosedale St. Apt. 1216 Fort Worth, TX 76104 Employer (See Instructions) Principal occupation / Job title (See Instructions) Fort Worth ISD HR Amount of Contribution (\$) ut-of-state PAC (ID#: Full name of contributor Date \$50.00 03/19/2025 Kunschik, Veronica (Ms.) Contributor address; City; State; Zip Code 4748 Slippery Rock Drive Fort worth, TX 76123 Employer (See Instructions) Principal occupation / Job title (See Instructions) CISD **Executive Director** Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$1,250.00 Law Firm, Linebarger & Associates 03/17/2025 Contributor address; City; State; Zip Code 100 Throckmorton St #1700 Fort Worth, TX 76102 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: 6/11 Rpt: 9/43 3 Filer ID FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor 4 Date \$2,500.00 01/30/2025 Lewis, Glenn (Mr.) 6 Contributor address; City; State; Zip Code 5600 Rockhill Rd Fort Worth, TX 76112 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Linebarger Goggan Blair & Sampson Attorney / Partner Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 Lewis, Lynn (Ms.) 03/22/2025 Contributor address; City; State; Zip Code 1458 Danciger Drive Fort Worth, TX 76112 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 03/24/2025 Lewis, Lynn (Ms.) Contributor address; City; State; Zip Code 1458 Danciger Drive Fort Worth, TX 76112 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 03/24/2025 Lewis, Nydia (Ms.) Contributor address; City; State; Zip Code 4121 Ainsly Lane Keller, TX 76244 Employer (See Instructions) Principal occupation / Job title (See Instructions) **FWISD** Director Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 02/19/2025 Limas, Jennifer (Mrs.) Contributor address; City; State; Zip Code 208 Oak Forest Trail Euless, TX 76039 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: 7/11 Rpt: 10/43 3 Filer ID FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor 4 Date \$250.00 02/27/2025 Linares, Patricia (Dr.) 6 Contributor address; City; State; Zip Code 4705 Cinnamon Hill Drive Fort Worth, TX 76133 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$1,250.00 03/06/2025 McCain, Eboney (Ms.) Contributor address; City; State; Zip Code 4908 Sunset Ridge Drive Fort Worth, TX 76123 Employer (See Instructions) Principal occupation / Job title (See Instructions) Elevation Law Consultation, LLC Attorney Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 03/20/2025 McFadden, Raquel (Ms.) Contributor address; City; State; Zip Code 3216 Lookout Drive Forest Hill, TX 76140 Employer (See Instructions) Principal occupation / Job title (See Instructions) School District Social Worker Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$1,000.00 03/24/2025 Mcewing, Andre (Mr.) Contributor address; City; State; Zip Code 3301 Chancellorsville Drive Forest Hill, TX 76140 Employer (See Instructions) Principal occupation / Job title (See Instructions) TCC Manager Amount of Contribution (\$) ut-of-state PAC (ID#: Full name of contributor Date \$500.00 03/24/2025 Moses, Patrick (Dr.) Contributor address; City; State; Zip Code 606 Manchester Mansfield, TX 76063 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: 8/11 Rpt: 11/43 3 Filer ID FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor 4 Date \$50.00 03/15/2025 Norwood, Angela (Ms.) 6 Contributor address; City; State; Zip Code 4815 N Prairieview Ct Arlington, TX 76017-6070 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$1,500.00 OHanlon, Kevin (Mr.) 03/06/2025 Contributor address; City; State; Zip Code 808 West Ave. Austin, TX 78701 Employer (See Instructions) Principal occupation / Job title (See Instructions) O'Hanlon, Demerath & Castillo Shareholder Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 02/20/2025 Origins, Melanin Contributor address; City; State; Zip Code 5404 Lee Dr Arlington, TX 76016 Employer (See Instructions) Principal occupation / Job title (See Instructions) **Building Pathways** Director Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$5,000.00 03/21/2025 Postell, Jeff (Mr.) Contributor address; City; State; Zip Code TX Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$250.00 02/14/2025 Ray, Ryan (Mr.) Contributor address; City; State; Zip Code 3103 Longhorn Trail Crowley, TX 76036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/11 Rpt: 12/43 3 Filer ID FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 4 Date 5 Full name of contributor \$100.00 02/26/2025 Robinson, Christopher (Mr.) 6 Contributor address; City; State; Zip Code 1300 Bear Creek Parkway 2122 Euless, TX 76039 Employer (See Instructions) Principal occupation / Job title (See Instructions) Unknown Mortgage finance Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: \$500.00 02/23/2025 Roby III, Richard (Mr.) Contributor address; City; State; Zip Code 6234 Skylark Circle Fort Worth, TX 76180 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$150.00 03/24/2025 Scott, Tracy (Ms.) Contributor address; City; State; Zip Code PO Box 122072 Arlington, TX 76012-4475 Employer (See Instructions) Principal occupation / Job title (See Instructions) **Tarrant County** Administrative Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 03/03/2025 Stanley, Sandra (Dr.) Contributor address; City; State; Zip Code 5237 Humbert Avenue Fort Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Opening Doors For Women In Need Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 02/26/2025 Tei, Nana (Ms.) Contributor address; City; State; Zip Code 7016 San Antonio Drive Fort Worth, TX 76131 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: 10/11 Rpt: 13/43 3 Filer ID FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor Date \$100.00 03/19/2025 Toynes, Tony (Mr.) 6 Contributor address; City; State; Zip Code 1011 Greenbriar lane Duncanville, TX 75137 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Duncanville School administrator Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 Turner, Ebony (Ms.) 03/15/2025 Contributor address; City; State; Zip Code 615 Manchester Drive Mansfield, TX 76063 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Attorney Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$50.00 02/28/2025 Vogel, Carlela (Ms.) Contributor address; City; State; Zip Code 901 Old Gate Rd Lakeside, TX 76108 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID# Full name of contributor Date \$100.00 02/18/2025 Whitfield I, Jeff (Mr.) Contributor address; City; State; Zip Code 6120 Echelon Way Plano, TX 75024 Employer (See Instructions) Principal occupation / Job title (See Instructions) Kelly Hart Attorney Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$250.00 02/20/2025 Williams, Barbara M. (Ms.) Contributor address; City; State; Zip Code 408 Virginia Place Fort Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self employed attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/11 Rpt: 14/43 3 Filer ID 2 FILER NAME Hall, Mia 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor 4 Date \$250.00 Williams, Barbara M. (Ms.) 03/07/2025 6 Contributor address; City; State; Zip Code 408 Virginia Place Fort Worth, TX 76107 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Self employed Attorney Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 03/17/2025 Williams, Ingrid (Ms.) Contributor address; City; State; Zip Code 7702 Pirate Point Circle Arlington, TX 76016 Employer (See Instructions) Principal occupation / Job title (See Instructions) **FWISD** Prncipal Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 Williams-Ridley, Cathy (Ms.) 03/15/2025 Contributor address; City; State; Zip Code 1520 Lamplighter Lane Fort Worth, TX 76134 Employer (See Instructions) Principal occupation / Job title (See Instructions) **FWISD** Administrator Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 02/20/2025 Woods, Shane (Mr.) Contributor address; City; State; Zip Code 5019 Italia Lane Grand Prairie, TX 75052 Employer (See Instructions) Principal occupation / Job title (See Instructions) Girlstart CEO

SCHEDULE B
form. 1 Total pages Schedule B: Sch: 1/1 Rpt: 15/43
3 Filer ID
\$ 0.00
8 Amount of 9 In-kind description pledge (\$) (If applicable) \$10,000.00
ployer (See Instructions)
novative Air
im

SCHEDULE F1

CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Accounting/Banking Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Contributions/ Donations Made By -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 Hall, Mia Sch: 1/25 Rpt: 16/43 4 Date Payee name CC Moss 03/21/2025 Payee address; City; State; Zip Code 6 Amount (\$) 5625 Eisenhower Drive \$125.00 Fort Worth, TX 76112 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **FWANBWP Annual Brochure** Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Payee name Date CC Watkins Campaign 03/10/2025 State; Zip Code Amount (\$) Payee address; 4237 Sweet Clover Lane \$100.00 Fort Worth, TX 76036 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate/Officeholder/Political Committee Campaign Contribution Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Payee name Date Catalyst Advisors 02/28/2025 State; Zip Code City; Payee address; Amount (\$) 1108 Lavaca Street \$189.13 Austin, TX 78701 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Expense Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 2/25 Rpt: 17/43 Hall, Mia 4 Date Payee name Catalyst Advisors 03/07/2025 Payee address; State; Zip Code 6 Amount (\$) 1108 Lavaca Street \$2,250.00 Austin, TX 78701 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Expense Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name DJ Johnnie 02/28/2025 State; Zip Code Payee address; City; Amount (\$) 821 Newport Road \$150.00 Fort Worth, TX 76120 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **Event Expense** Check if Austin, TX, officeholder living expense **EXPENDITURE Event Expense** Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/30/2025 Donor Box Payee address; City; State; Zip Code Amount (\$) \$1.47 1520 Belle View Blvd #4106 Alexandria, VA 22307 (b) Description **PURPOSE** (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 Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Travel Out of District
OTHER (enter a category not listed above) Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Hall, Mia Sch: 3/25 Rpt: 18/43 4 Date 5 Payee name 01/30/2025 Donor Box Payee address; State; Zip Code 6 Amount (\$) 1521 Belle View Blvd \$116.55 #4107 Alexandria, VA 22307 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense OF Fees **EXPENDITURE** Fees Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Donor Box 02/11/2025 State; Zip Code Payee address; Amount (\$) 1522 Belle View Blvd \$116.55 #4108 Alexandria, VA 22307 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Fees Check if Austin, TX, officeholder living expense **EXPENDITURE** Fees Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/14/2025 Donor Box Payee address; City; State; Zip Code Amount (\$) 1522 Belle View Blvd \$11.93 Alexandria, VA 22307 (b) Description **PURPOSE** (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 Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Ommittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
Total pages Schedule F1: 2	3 Eiler ID
Total pages Schedule F1: 2 Sch: 4/25 Rpt: 19/43	Hall, Mia
Date 5	Payee name
02/15/2025	Donor Box
Amount (\$) 7	Payee address; City; State; Zip Code
\$11.93	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/18/2025	Donor Box
Amount (\$)	Payee address; City; State; Zip Code
\$4.95	1522 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.
OF EXPENDITURE	Fees 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
Date 02/18/2025	Payee name Donor Box
Amount (\$) \$4.95	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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Version V4.1.0 a02d

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Accounting/Banking Travel in District Food/Beverage Expense Gilt/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Travel Out of District 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. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Hall, Mia Sch: 5/25 Rpt: 20/43 Payee name 4 Date 02/19/2025 Donor Box State; Zip Code Payee address; City; 6 Amount (\$) 1524 Belle View Blvd \$4.95 Alexandria, VA 22307 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Fees Check if Austin, TX, officeholder living expense **EXPENDITURE** Fees Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Donor Box 02/20/2025 State; Zip Code Payee address; City; Amount (\$) \$4.95 1525 Belle View Blvd Alexandria, VA 22307 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Fees Check if Austin, TX, officeholder living expense **EXPENDITURE** Fees Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name **Donor Box** 02/20/2025 Payee address; State; Zip Code City; Amount (\$) 1526 Belle View Blvd \$11.93 Alexandria, VA 22307

Fees

PURPOSE

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Office sought

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

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Fees

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Sch: 6/25 Rpt: 21/43 Date	rees I \square	3 Filer ID
Date 02/20/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/20/2025 Amount (\$)	Payee name Donor Box Payee address; City; State; Zip Code 1527 Belle View Blvd Alexandria, VA 22307 Category (See Categories listed at the top of this schedule) (b) Description Check Check	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
O2/20/2025 Amount (\$) \$1.47 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date O2/20/2025 Amount (\$)	Payee address; City; State; Zip Code 1527 Belle View Blvd Alexandria, VA 22307 Category (See Categories listed at the top of this schedule) (b) Descrip Check Check Fees Candidate/Officeholder name Office sought Payee name Donor Box Payee address; City; State; Zip Code	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Amount (\$) \$1.47 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/20/2025 Amount (\$)	Payee address; City; State; Zip Code 1527 Belle View Blvd Alexandria, VA 22307 Category (See Categories listed at the top of this schedule) (b) Descrip Chec Chec Fees Candidate/Officeholder name Office sought Payee name Donor Box Payee address; City; State; Zip Code	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/20/2025 Amount (\$)	Alexandria, VA 22307 Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought Payee name Donor Box Payee address; City; State; Zip Code	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Date 02/20/2025 Amount (\$)	Candidate/Officeholder name Payee name Donor Box Payee address; City; State; Zip Code	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/20/2025 Amount (\$)	Fees Candidate/Officeholder name Office sought Payee name Donor Box Payee address; City; State; Zip Code	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Date 02/20/2025 Amount (\$)	Payee name Donor Box Payee address; City; State; Zip Code	Office held
02/20/2025 Amount (\$)	Donor Box Payee address; City; State; Zip Code	
Amount (\$)	Payee address; City; State; Zip Code	
	Alexandria, VA 22307	
PURPOSE (a OF EXPENDITURE	EBBS	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 02/20/2025	Payee name Donor Box	
Amount (\$) \$4.95	Payee address; City; State; Zip Code 1529 Belle View Blvd	
	Alexandria, VA 22307 a) Category (see Categories listed at the top of this schedule) (b) Descri	intion
PURPOSE OF EXPENDITURE	Fees Ch	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	Gift/	d/Beverage Expense Awards/Memorials Expense al Services	Polling Expens Printing Expens Salaries/Wage		Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment		Instruction Guide explains	how to compl	ete this form.	
Ċ	Total pages Schedule F1:	FILER NAME				3 Filer ID
	Sch: 7/25 Rpt: 22/43	Hall, Mia				
		Payee name				
	02/21/2025	Donor Box				
	Amount (\$)	7 Payee address;	City; State	; Zip Code		
	\$4.95	1530 Belle Vie				
		Alexandria, VA	22307	- In-		
3	PURPOSE	(a) Category (See C	ategories listed at the top of this scl	nedule) (b)	Description	I outside of Texas, Complete Schedule T.
	OF EXPENDITURE	Fees				n, TX, officeholder living expense
)	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officel	nolder name	Office sough	l,	Office held
-	Date	Payee name				
	02/22/2025	Donor Box				
	Amount (\$)	Payee address;	City; State	e; Zip Code		
	\$23.55	1531 Belle Vie	ew Blvd			
		Alexandria, V	A 22307			
_	PURPOSE		Categories listed at the top of this so	hedule) (k) Description	
	OF	Fees	Categories listed at the top of this se	and die,		el outside of Texas, Complete Schedule T.
	EXPENDITURE	Mid m. mark			2000	tin, TX, officeholder living expense
					Fees	
						Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H	holder name	Office sough	nt	Office held
	Date	Payee name				
	02/23/2025	Donor Box				
	Amount (\$)	Payee address	; City; Stat	te; Zip Cod	е	
	\$23.55	1532 Belle Vi	iew Blvd			
		Alexandria, V	/A 22307			
H	PURPOSE		Categories listed at the top of this s	schedule) (b) Description	
	OF	Fees	Categories nated at the top of this t	,,	Check if tra	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	, 555				stin, TX, officeholder living expense
					Fees	
					¥00	Office held
Γ	Complete ONLY if direct	Candidate/Offic	eholder name	Office soug	ht	Office held
	expenditure to benefit C/C	· · · · · · · · · · · · · · · · · · ·				
Γ						
l						
1						Version V/4.1.0 e02d

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gitt/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.
Total pages Schedule F1:	
Sch: 8/25 Rpt: 23/43	Hall, Mia
Date	5 Payee name
02/24/2025	Donor Box
Amount (\$)	7 Payee address; City; State; Zip Code
\$11.93	1533 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
02/25/2025	Donor Box
Amount (\$) \$7.27	Payee address; City; State; Zip Code 1534 Belle View Blvd Alexandria, VA 22307
DURDOCE	(b) Specialism
PURPOSE OF EXPENDITURE	Fees Category (See Categories listed at the top of this schedule) 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
Date 02/25/2025	Payee name Donor Box
Amount (\$) \$11.93	Payee address; City; State; Zip Code 1535 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/	Candidate/Officeholder name Office sought Office held OH
expenditure to benefit C/	OH Version V4.1.0 e0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Travel in District Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Travel Out of District
OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 9/25 Rpt: 24/43 Hall, Mia Payee name 4 Date 02/26/2025 Donor Box Payee address; State; Zip Code 6 Amount (\$) 1536 Belle View Blvd \$4.95 Alexandria, VA 22307 (b) Description **PURPOSE** (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 Payee name Donor Box 02/26/2025 State; Zip Code Pavee address; Amount (\$) \$2.63 1537 Belle View Blvd Alexandria, VA 22307 (b) Description **PURPOSE** (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 Donor Box 02/26/2025 Payee address; City; State; Zip Code Amount (\$) 1528 Belle View Blvd \$4.95 Alexandria, VA 22307 (b) Description **PURPOSE** (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

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Food/Beverage Expense Gilt/Awards/Memorials Expense Committee Legal Services The Instruction Guide explains how to complete this form. Food/Beverage Expense Frinting Expense Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
772	Sch: 10/25 Rpt: 25/43	Hall, Mia
4	Date	5 Payee name
	02/27/2025	Donor Box
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.93	1529 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 Iravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITORE	Fees
		1 663
		Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	Calididate/Officeriolaer frame
=	Date	Payee name
	02/28/2025	Donor Box
-	Amount (\$)	Payee address; City; State; Zip Code
	\$2.63	1530 Belle View Blvd
	φ2.03	1000 Belle View Bive
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITORE	Fees
		1 1003
		Office hold
	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
-	Data	Payes name
	Date	Payee name Donor Box
L	03/03/2025	The Oalle
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.95	1528 Belle View Blvd
l		
l		Alexandria, VA 22307
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Fees Category (see Categories instead at the top of this schools)
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Fees
١		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ı	expenditure to benefit C/	
F		
١		
		Version V4.1.0 e02d6
		Varcion V/4 1 0 e02d6

SCHEDULE F1

CONTRIBUTION	IS
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/wages/Contract Laubi Of File 4 Category (International Contract Laubi Contract C
	The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID
Total pages Schedule F1: Sch: 11/25 Rpt: 26/43	Hall, Mia
	5 Payee name
Date 03/05/2025	Donor Box
	7 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
03/06/2025	Donor Box
Amount (\$) \$58.43	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
Date	Payee name
03/06/2025	Donor Box
Amount (\$) \$70.05	Payee address; City; State; Zip Code 1531 Belle View Blvd Alexandria, VA 22307
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

SCHEDULE F1

CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Travel in District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 12/25 Rpt: 27/43 Hall, Mia Payee name 4 Date 03/07/2025 Donor Box Payee address; City; State; Zip Code 6 Amount (\$) \$11.93 1528 Belle View Blvd Alexandria, VA 22307 (b) Description **PURPOSE** (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 **Donor Box** 03/14/2025 State; Zip Code Payee address; Amount (\$) \$4.95 1528 Belle View Blvd Alexandria, VA 22307 (b) Description **PURPOSE** (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 **Donor Box** 03/15/2025 Payee address; City; State; Zip Code Amount (\$) 1528 Belle View Blvd \$2.63 Alexandria, VA 22307 (b) Description **PURPOSE** (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 Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Constituing Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Committ	ttee L	ift/Awards/Memorials Exp egal Services The Instruction Guide			pense /ages/0	Contract Labor	Travel Out of District OTHER (enter a categor	not listed above)
1	Total pages Schedule F1:	2 FIL	LER NAME						3 Filer ID	
	Sch: 13/25 Rpt: 28/43	На	all, Mia							
4	Date	5 Pa	ayee name							
	03/15/2025	Do	onor Box							
6	Amount (\$)	7 Pa	ayee addres:	s; City;	State;	Zip Co	de			
	\$2.63	15	529 Belle V	iew Blvd						
	891.354.41									
		Al	lexandria, \	/A 22307						
8	PURPOSE	(a) Ca	ategory (See	Categories listed at the t	op of this sch	edule)	(b)	Description	PROCESSION REAL CONTRACTOR AND AND THE WAS AND	TE SE SENSIA DEN
	OF EXPENDITURE	No. 61,	ees						outside of Texas. Complete Sc	
	EXPERIENCE							Fees	TX, officeholder living expens	se
							8	1.663		
		_	1:1 . 10#:	-t-14		Wine no.	abt		Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Offic	eholder name	(Office sou	gnt		Office field	
	Date		ayee name							
	03/15/2025	Di	onor Box							
Г	Amount (\$)	Pá	ayee addres	s; City;	State	; Zip Co	ode			
	\$4.95	15	530 Belle \	iew Blvd						
		Al	lexandria,	VA 22307						
Г	PURPOSE	(a) C	ategory (Se	e Categories listed at the	top of this sch	nedule)	(b)	Description	9 1000 SSS000 - 1000-00-00-00-00-00-	
l	OF EXPENDITURE	F	ees						outside of Texas. Complete S	
l	EXTENDITORE							Fees	, TX, officeholder living expen	se
								1 003		
H	Complete ONLY if direct	Cal	ndidate/Offic	ceholder name		Office sou	ıaht		Office held	
l	expenditure to benefit C/O		indidate/Oni	cholder hame		011100 300	agric			
F	Data	T =								
	Date	100	Payee name							
L	03/15/2025	_	Donor Box	1400 0	(III Orașini					
	Amount (\$)		Payee addres	N	State	; Zip C	ode			
	\$2.63	1	.531 Belle \	riew Blvd						
1										
		A	Alexandria,	VA 22307						
r	PURPOSE	(a) C	Category (se	e Categories listed at the	top of this sc	hedule)	(b)	Description	9 199 139; SA 761 16	756 25 \$7 KG
ı	OF EXPENDITURE	F	ees						outside of Texas. Complete S	
ı	EXPENDITORE							ш	n, TX, officeholder living exper	ise
								Fees		
F	Complete CALLY if direct		andidata/O#	ceholder name		Office so	ught		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ariuldate/Offi	centituer name		OHICE 50	agrit		Olinos field	
F	NEW METERS AND A TOTAL AND A T									
										sion V4.1.0 a02d622
_										

SCHEDULE F1

		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Event Expense Fees Foes Food/Beverage Expense Gill/Awards/Memorials Expense Food/Beverage Expense Gill/Awards/Memorials Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Gill/Awards/Memorials Expense Frinting Expense Frinting Expense Fravel in District Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 14/25 Rpt: 29/43	Hall, Mia
	Date 03/15/2025	5 Payee name Donor Box
	Amount (\$) \$2.63	7 Payee address; City; State; Zip Code 1532 Belle View Blvd Alexandria, VA 22307
3	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/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	03/16/2025	Donor Box
	Amount (\$) \$4.95	Payee address; City; State; Zip Code 1533 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/C	Candidate/Officeholder name Office sought Office held OH
=	Date	Payee name
	03/17/2025	Donor Box
	03/17/2025 Amount (\$) \$11.93	Payee address; City; State; Zip Code
	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$)	Payee address; City; State; Zip Code 1528 Belle View Blvd

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.
Total pages Schedule F1: 2	
Sch: 15/25 Rpt: 30/43	Hall, Mia
Date 5	5 Payee name
03/17/2025	Donor Box
Amount (\$) \$1.28	1529 Belle View Blvd
	Alexandria, VA 22307 (a) Category (see Categories listed at the top of this schedule) (b) Description
PURPOSE (OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees 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
03/17/2025	Donor Box
Amount (\$) \$4.95	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/OF	Candidate/Officeholder name Office sought Office held
Date 03/17/2025	Payee name Donor Box
Amount (\$) \$4.95	Payee address; City; State; Zip Code 1531 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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political of Credit Card Payment	Food/Beverage Expense
1	Total pages Schedule F1:	Priler NAME 3 Filer ID
	Sch: 16/25 Rpt: 31/43	Hall, Mia
4		Payee name
	03/19/2025	Donor Box
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.63	1528 Belle View Blvd
		Alexandria, VA 22307
8		(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees Check if Vastin, TX, officeholder living expense
	AND PROCESS RESEARCH SERVICES	Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	03/19/2025	Donor Box
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$4.95	1529 Belle View Blvd
l		
l		Alexandria, VA 22307
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Fees
l		07 (C) (C) (C)
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
l	03/20/2025	Donor Box
r	Amount (\$)	Payee address; City; State; Zip Code
١	\$2.63	1530 Belle View Blvd
١		
l		Alexandria, VA 22307
r	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
١	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees
		8 5.50
1	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/C	
1		
1		V

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	Gilt/Awards/Memorials Expense Printing E
Total pages Schedule F1: 2	2 FILER NAME 3 Filer ID
Sch: 17/25 Rpt: 32/43	Hall, Mia
Date !	5 Payee name
03/21/2025	Donor Box
Amount (\$)	7 Payee address; City; State; Zip Code
\$2.63	1528 Belle View Blvd
	Alexandria, VA 22307
	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Fees Check if Austlin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/22/2025	Donor Box
Amount (\$)	Payee address; City; State; Zip Code
\$4.95	1529 Belle View Blvd
	Alexandria, VA 22307
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/24/2025	Donor Box
Amount (\$)	Payee address; City; State; Zip Code
\$4.95	1531 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.
OF EXPENDITURE	Fees Check if Austin, TX, officeholder living expense Fees
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
	Version V4.1.0 e020

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	l Cor	nmittee	Gift/Awards/Memorials E Legal Services			/ages/	Contract Labor		Travel Out of District OTHER (enter a category not listed a	bove)
	Credit Card Payment			The Instruction Gui	de explains l	now to co	mple	te this form.			
1	Total pages Schedule F1:	2	FILER NAME	E					3	Filer ID	
	Sch: 18/25 Rpt: 33/43		Hall, Mia								
4	Date	5	Payee name								
	03/24/2025		Donor Box								*
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$23.55		1532 Belle	View Blvd							
			Alexandria	VA 22307							
8	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF	3.5	Fees	out out of the second s				Check if travel	loutsi	de of Texas. Complete Schedule T.	
ı	EXPENDITURE							_	n, TX,	officeholder living expense	
l								Fees			
L		L									
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office sou	ıght			Office held	
L	experialiture to benefit C/O										
Г	Date	Г	Payee name								
	03/24/2025		Donor Box								
Г	Amount (\$)	Г	Payee addre	ess; City;	State:	; Zip Co	ode				
l	\$46.80		1533 Belle	View Blvd							
l		1									
l			Alexandria	, VA 22307							
Н	PURPOSE	(a) Category	See Categories listed at th	ne top of this sch	redule)	(b)	Description			
l	OF EXPENDITURE	3533	Fees				1000000			ide of Texas, Complete Schedule T.	
ı	EXPENDITORE						l	_	in, TX	, officeholder living expense	
ı								Fees			
L		L	0111-1-101	#:b-ld		Office sou	ught		_	Office held	
ı	Complete ONLY if direct expenditure to benefit C/O		Candidate/Oi	ficeholder name	,	Jilice soi	ugnt			Office field	
F		_									
ı	Date		Payee nam								
L	03/24/2025	╀	Donor Box								
1	Amount (\$)		Payee addr	-	State	; Zip C	ode				
ı	\$2.63	1	1534 Belle	e View Blvd							
ı											
			Alexandria	ı, VA 22307							
Γ	PURPOSE	(a	() Category	See Categories listed at t	he top of this scl	hedule)	(b)	Description			
ı	OF EXPENDITURE	1	Fees				1			side of Texas, Complete Schedule T. (, officeholder living expense	
١							1	Fees	uii, 17	c, omeenodes aring expanse	
ı							1				
\vdash	Complete ONLY if direct	_	Candidate/O	fficeholder name		Office so	uaht			Office held	
	expenditure to benefit C/C	ЭН	Jen landetto/O								
-		_									
Ļ	orms provided by Tayer	C+L	ice Commis	eion	ww.ethics.	state tv	116			Version VA	L.0.e02d6221
-	orms provided by Texas	\subseteq (I)	ics Commis	SIUIT V	*************************	JULIE-IN.	·us			VOIDION VTI.	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Giff/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.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 19/25 Rpt: 34/43	Hall, Mia
4		5 Payee name
	03/24/2025	Donor Box
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.95	1535 Belle View Blvd
L		Alexandria, VA 22307
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) [b] Description [Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Fees Check if Austin, TX, officeholder living expense
l		Fees
١		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
Г	Date	Payee name
l	03/24/2025	Donor Box
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$7.27	1536 Belle View Blvd
ı		
l		Alexandria, VA 22307
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ı	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
1	EXPENDITORE	Fees
١		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
F	Date	Payee name
ı	02/18/2025	EIG
Γ	Amount (\$)	Payee address; City; State; Zip Code
١	\$22.38	3675 Precision Drive
١		
ı		Loveland, CO 80538
r	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
1	OF EXPENDITURE	Fees Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
ı		Fees
1		37 *(3299)
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/C	
1		
-		

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
Z Total pages some	LER NAME all, Mia
1	ayee name IG
\$22.38	ayee address; City; State; Zip Code 675 Precision Drive oveland, CO 80538
OF	Category (See Categories listed at the top of this schedule) Gees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
Complete ONLY if direct Ca expenditure to benefit C/OH	andidate/Officeholder name Office sought Office held
COURT TO SECURIOR SET COOP	Payee name
	Edwards and Patterson's Signs
\$1,712.52	Payee address; City; State; Zip Code 203 S Belt Line Rd.
PURPOSE (a) (rving, TX 75060 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 Road and Yard Signs
Complete ONLY if direct Complete expenditure to benefit C/OH	andidate/Officeholder name Office sought Office held
1000000	Payee name First Watch
\$50.00	Payee address; City: State; Zip Code 6333 Camp Bowie Blvd #280 Fort Worth, TX 76116
PURPOSE (a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent Meeting
Complete ONLY if direct Cexpenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL

CONTRIBUTION	S	SCHEDULE FI
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	yment/Reimbursement head/Rental Expense thead/Rental Expense tense pense pense pense tages/Contract Labor Travel Out of District OTHER (enter a category not listed above)
Total pages Schedule F1: 3 Sch: 21/25 Rpt: 36/43	2 FILER NAME Hall, Mia	3 Filer ID
The state of the s	5 Payee name Jumbo Property Management	•
Amount (\$) \$677.60	7 Payee address; City; State; Zip Co 9700 Apex Drive Fort Worth, TX 76108	de
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 Sign Placement
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
Date 03/22/2025	Payee name MiMi's Cafe	
Amount (\$) \$98.00	Payee address; City; State; Zip Ci 5858 SW Loop 820 Fort Worth, TX 76132	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent Meeting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held
Date 02/26/2025	Payee name Minuteman Press	
Amount (\$) \$101.16	Payee address; City; State; Zip C 2904 Cullen Street Fort Worth, TX 76107	code
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 Printing Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so DH	ought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Gilt/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.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
•	Sch: 22/25 Rpt: 37/43	Hall, Mia
	Date 03/11/2025	5 Payee name Nequitha Norwood
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 4601 Ocean Drive Fort Worth, TX 76123
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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/26/2025 Amount (\$) \$500.00	Payee name OMG Cakes & Southern Best Catering Payee address; City; State; Zip Code 2922 Martin Luther King Jr Blvd Dallas, TX 75215
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if I Austin, TX, officeholder living expense Catering Expense
	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
	Date 03/18/2025	Payee name OMG Cakes & Southern Best Catering
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2922 Martin Luther King Jr Blvd Dallas, TX 75215
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catering Expense
	Complete ONLY if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
		1/m l m 1/4 4 0 = 00 J C 2

SCHEDULE F1

CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Event Expense Advertising Expense Accounting/Banking Polling Expense Printing Expense Salaries/Wages/Contract Labor Food/Beverage Expense Gilt/Awards/Memorials Expense Consulting Expense Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Hall, Mia Sch: 23/25 Rpt: 38/43 4 Date Payee name PJ's Coffee 03/15/2025 State; Zip Code 6 Amount (\$) Payee address; City; 7048 Granbury Rd \$5.68 Fort Worth, TX 76133 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T, **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event Expense - Campaign Meet and Greet Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/26/2025 Party Warehouse State; Zip Code Payee address; City; Amount (\$) 6550 Camp Bowie Blvd Ste 113 \$52.99 Fort Worth, TX 76116 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Decorations Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name **USPS** 03/14/2025 State; Zip Code Payee address; City; Amount (\$) 7101 Bryant Irvin Rd \$134.00 Fort Worth, TX 76132 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PO Box Renewal 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	7- Gilf/Awards/Memorials Expense Printing Expense Printing Expense From Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1.	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 24/25 Rpt: 39/43	Hall, Mia
4	Date	5 Payee name
	02/26/2025	West Jax
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$530.41	1708 8th Avenue
		Fort Worth, TX 76110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPERIENCE	Event Expense - Campaign Kick-Off
		Event Expense Stampargritter
_		Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	Carloidate/Officeroider frame
	Date	Payee name
	02/12/2025	Wix.Com
_	Amount (\$)	Payee address; City; State; Zip Code
	\$24.89	100 Gansevoort Street
	42 1100	
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense Website Hosting
		Website Hosting
	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
=	Date	Payee name
	03/10/2025	Wix,com
L		Payee address; City; State; Zip Code
	Amount (\$)	The state of the s
	\$24.89	100 Gansevoort Street
		New York, NY 10014
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website Hosting
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/0	
H		
		Version V4.1.0 e02

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 25/25 Rpt: 40/43 Hall, Mia 4 Date Payee name Xavier Hall 03/10/2025 State; Zip Code 6 Amount (\$) Payee address; City; \$100.00 (b) Description PURPOSE (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 Contract Labor Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Payee name Date Xavier Hall 03/17/2025 State; Zip Code Payee address; City; Amount (\$) \$50.00 (b) Description **PURPOSE** (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 Contract Labor Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Loan Repayment/Reimbursement Advertising Expense Event Expense Office Overhead/Rental Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F2: 2 FILER NAME Sch: 1/3 Rpt: 41/43 Hall, Mia \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Payee name 5 Date Catalyst Advisors 03/20/2025 Payee address; State; Zip Code 7 Amount (\$) \$879.83 1108 Lavaca Street Austin, TX 78701 TYPE OF Non-Political X Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Printing Expense** Office held Candidate/Officeholder name Office sought 11 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Catalyst Advisors 03/20/2025 Amount (\$) Payee address; City; State; Zip Code \$11,261.88 1109 Lavaca Street Austin, TX 78701 TYPE OF X Political Non-Political **EXPENDITURE** (b) Description **PURPOSE** (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 Field Program Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Travel Out of District OTHER (enter a category not listed above) Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gill/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F2: 2 FILER NAME Sch: 2/3 Rpt: 42/43 Hall, Mia \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name 03/04/2025 Catalyst Advisors 7 Amount (\$) Payee address; City; State; Zip Code \$1,521.14 1110 Lavaca Street Austin, TX 78701 TYPE OF 9 X Political Non-Political **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) 10 (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Printing Expense** Office held 11 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Payee name Date 03/04/2025 Catalyst Advisors State; Zip Code Amount (\$) Payee address; City; \$3,750.00 1111 Lavaca Street Austin, TX 78701 TYPE OF Non-Political X Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Data Access Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services 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 Committee Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 3/3 Rpt: 43/43 Hall, Mia \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date 6 Payee name 03/01/2025 Catalyst Advisors 7 Amount (\$) 8 Payee address; State; Zip Code \$1,250.00 1112 Lavaca Street Austin, TX 78701 9 TYPE OF Non-Political X Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense EXPENDITURE Check if Austin, TX, officeholder living expense Consulting Expense 11 Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH

Creating a Campaign

The Campaigns page is one part of the overall "Recruitment" process, and it allows you to create and manage automated messages that promote your organization's opportunities.

You can identify the position you want to fill and use a campaign to send messages for you on a weekly basis once you add your job postings, events, and announcements.

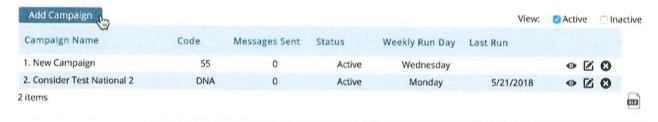


In a rush? Reference this **QuickStart Guide** for a brief summary of the campaign creation process.

Recruitment Campaigns

Review your Campaigns page and select the Add Campaign option.

Campaigns



The first steps involve the administrative-related details for your campaign.

- Campaign Name: Title of the campaign used for administration only (does not show in the message).
- Code: Administrative code that identifies the campaign.
- From: Select from a list populated by entries in Administration > Users.
- Do Not Reply: Check to not receive communications from campaign recipients.