



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Dr. Jamia B. Mia Hall

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Date Received CSO REC'D JAN 15 '26 PM4:40

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Juan C. Charlie Garcia

Receipt # Amount \$ Date Processed Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2440 Loreto Drive Fort Worth, TX 76177

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION ( 956 ) 292 - 8548

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 07 / 01 / 2025 THROUGH Month Day Year 12 / 31 / 2025

11 ELECTION

ELECTION DATE Month Day Year 06 / 7 / 2025 ELECTION TYPE Primary Runoff Other Description General Special

12 OFFICE

OFFICE HELD (if any) Fort Worth City Council- District 6

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

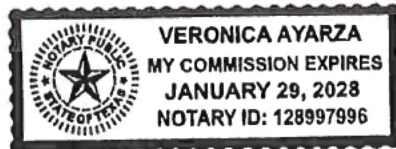
|                                     |   |   |
|-------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Dr. Mia Hall |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>       | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                     | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 154.12                                     |
| <b>EXPENDITURE TOTALS</b>           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$  |
|                                     | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,919.48                                   |
| <b>CONTRIBUTION BALANCE</b>         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 12,715.74                                  |
| <b>OUTSTANDING LOAN TOTALS</b>      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Veronica Ayarza this the 15<sup>th</sup> day of January

2026, to certify which, witness my hand and seal of office.  
 Signature of officer administering oath: Veronica Ayarza Printed name of officer administering oath  
 Title of officer administering oath: Notary Public

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

|   |   |   |
|---|---|---|
| <b>19 FILER NAME</b><br>Dr. Mia Hall              |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b> |   | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 154.12                                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 1,919.48                                   |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$  |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$  |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:<br>1 of 2        |
| 2 FILER NAME<br>Dr. Mia Hall  |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>10/15/2025  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mia Hall<br>.....<br>6 Contributor address; City; State; Zip Code<br>4629 Maple Hill Drive Fort Worth, TX 76123 | 7 Amount of contribution (\$)<br><br>\$3.52 |
| 8 Principal occupation / Job title (See Instructions)<br>Public School Executive  |  | 9 Employer (See Instructions)               |
| Date<br>10/21/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mia Hall<br>.....<br>Contributor address; City; State; Zip Code<br>4629 Maple Hill Drive Fort Worth, TX 76123     | Amount of contribution (\$)<br><br>\$49.31  |
| Principal occupation / Job title (See Instructions)<br>Public School Executive  |  | Employer (See Instructions)                 |
| Date<br>11/13/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mia Hall<br>.....<br>Contributor address; City; State; Zip Code<br>4629 Maple Hill Drive Fort Worth, TX 76123     | Amount of contribution (\$)<br><br>\$37.98  |
| Principal occupation / Job title (See Instructions)<br>Public School Executive  |  | Employer (See Instructions)                 |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mia Hall<br>.....<br>Contributor address; City; State; Zip Code<br>4629 Maple Hill Drive Fort Worth, TX 76123     | Amount of contribution (\$)<br><br>\$37.31  |
| Principal occupation / Job title (See Instructions)<br>Public School Executive  |  | Employer (See Instructions)                 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1: 2 of 2   |
| 2 FILER NAME<br><p style="text-align: center;">Dr. Mia Hall</p>   |  | 3 Filer ID (Ethics Commission Filers)                                       |
| 4 Date<br><p style="text-align: center;">12/23/2025</p>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Mia Hall</p> .....<br>6 Contributor address; City; State; Zip Code<br><p style="text-align: center;">4629 Maple Hill Drive Fort Worth, TX 76123</p>      | 7 Amount of contribution (\$)<br><p style="text-align: center;">\$25.98</p> |
| 8 Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Public School Executive</p> |  | 9 Employer (See Instructions)   |
| Date<br><p style="text-align: center;">12/23/2025</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Donor Box - Stripe</p> .....<br>Contributor address; City; State; Zip Code<br><p style="text-align: center;">1528 Belleview Blvd. Alexandria, VA 22307</p> | Amount of contribution (\$)<br><p style="text-align: center;">\$0.02</p>    |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |                                     |  |
|--|-------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>1 of 10 | <b>2</b> FILER NAME<br>Dr. Mia Hall | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|-------------------------------------|--|

|                           |  |
|---------------------------|--|
| <b>4</b> Date<br>7/7/2025 | <b>5</b> Payee name<br>Minuteman Express |
|---------------------------|--|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$79.13 | <b>7</b> Payee address;<br>2904 Cullen Street Fort Worth, TX 76107<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address. |
|---------------------------------|--|

|                                    |  |                                   |
|------------------------------------|--|-----------------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense  | <b>(b)</b> Description<br>Magnets |
|                                    | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                   |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                  |                                    |
|------------------|------------------------------------|
| Date<br>7/7/2025 | Payee name<br>Walmart Super Center |
|------------------|------------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$141.39 | Payee address;<br>6300 Oakmont Blvd. Fort Worth, TX 76132<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address. |
|-------------------------|---|

|                               |   |                       |
|-------------------------------|---|-----------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description<br>Parade |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                       |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                   |                       |
|-------------------|-----------------------|
| Date<br>7/14/2025 | Payee name<br>Wix.com |
|-------------------|-----------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$25.98 | Payee address;<br>100 Gansevoort Street NY, NY 10014<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address. |
|------------------------|--|

|                               |   |                                |
|-------------------------------|---|--------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Website Hosting |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |                                     |  |
|--|-------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>2 of 10 | <b>2</b> FILER NAME<br>Dr. Mia Hall | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|-------------------------------------|--|

|                            |  |
|----------------------------|--|
| <b>4</b> Date<br>7/16/2025 | <b>5</b> Payee name<br>Bank of America |
|----------------------------|--|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$12.00 | <b>7</b> Payee address;<br>100 North Tryon Street Charlotte, NC 28255<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address |
|---------------------------------|--|

|                                    |  |                                   |
|------------------------------------|--|-----------------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees  | <b>(b)</b> Description<br>Banking |
|                                    | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                   |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                   |                                      |
|-------------------|--------------------------------------|
| Date<br>7/18/2025 | Payee name<br>EIG - Constant Contact |
|-------------------|--------------------------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$37.31 | Payee address;<br>3675 Precision Drive Loveland, CO 80538<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address |
|------------------------|--|

|                               |   |                                  |
|-------------------------------|---|----------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Newsletter/Emails |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                   |                                 |
|-------------------|---------------------------------|
| Date<br>7/22/2025 | Payee name<br>Valeri Jones, MUA |
|-------------------|---------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$250.00 | Payee address;<br>7900 Branchhollow Tr. Fort Worth, TX 76123<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address |
|-------------------------|---|

|                               |   |                                     |
|-------------------------------|---|-------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Contract Labor  | Description<br>Photoshoot City Hall |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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:<br>3 of 10 | 2 FILER NAME<br>Dr. Mia Hall | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|------------------------------|---------------------------------------|

|                     |                            |
|---------------------|----------------------------|
| 4 Date<br>7/23/2025 | 5 Payee name<br>Sam's Club |
|---------------------|----------------------------|

|   |  |       |        |          |
|---|--|-------|--------|----------|
| 6 Amount (\$)<br>\$105.56   | 7 Payee address;<br>4400 Bryant Irvin Fort Worth, TX 76132 | City; | State; | Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |  |       |        |          |

|                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br>District Meeting |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                   |                            |
|-------------------|----------------------------|
| Date<br>7/31/2025 | Payee name<br>Pappadeaux's |
|-------------------|----------------------------|

|   |   |       |        |          |
|---|---|-------|--------|----------|
| Amount (\$)<br>\$28.00  | Payee address;<br>2708 W. Freeway, Fort Worth, TX 76102 | City; | State; | Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |   |       |        |          |

|                               |   |                                  |
|-------------------------------|---|----------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food Expense  | Description<br>Political Meeting |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                   |  |
|-------------------|--|
| Date<br>7/31/2025 | Payee name<br>Honey Hole Bistro & Brunch |
|-------------------|--|

|   |   |       |        |          |
|---|---|-------|--------|----------|
| Amount (\$)<br>\$45.46  | Payee address;<br>2327 Post Oak Blvd. Houston, TX 77056 | City; | State; | Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |   |       |        |          |

|                               |   |                                  |
|-------------------------------|---|----------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description<br>Political Meeting |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |                                     |  |
|--|-------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>4 of 10 | <b>2</b> FILER NAME<br>Dr. Mia Hall | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|-------------------------------------|--|

|                           |   |
|---------------------------|---|
| <b>4</b> Date<br>8/1/2025 | <b>5</b> Payee name<br>StyleFW Pictures - R. Delira |
|---------------------------|---|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$500.00 | <b>7</b> Payee address;<br>3208 River Lakes Drive Hurst, TX 76053<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address. |
|----------------------------------|---|

|                                    |  |  |
|------------------------------------|--|--|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor  | <b>(b)</b> Description<br>City Hall Photos |
|                                    | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                   |                       |
|-------------------|-----------------------|
| Date<br>8/12/2025 | Payee name<br>Wix.com |
|-------------------|-----------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$25.98 | Payee address;<br>100 Gansevoort Street NY, NY 10014<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address. |
|------------------------|--|

|                               |   |                                |
|-------------------------------|---|--------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Website Hosting |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                   |                               |
|-------------------|-------------------------------|
| Date<br>8/14/2025 | Payee name<br>Bank of America |
|-------------------|-------------------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$12.00 | Payee address;<br>100 North Tryon Street Charlotte, NC 28255<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address. |
|------------------------|--|

|                               |   |                        |
|-------------------------------|---|------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Banking |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>5 of 10                        | <b>2</b> FILER NAME<br>Dr. Mia Hall  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>8/18/2025  | <b>5</b> Payee name<br>EIG - Constant Contact  |  |
| <b>6</b> Amount (\$)<br>\$37.31                                     | <b>7</b> Payee address; City; State; Zip Code<br>3675 Precision Drive, Loveland, CO 80538<br><input type="checkbox"/> Check if individual's residence address        |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Digital Newsletter |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held               |
| Date<br>8/28/2025   | Payee name<br>Chick-fil-a  |  |
| Amount (\$)<br>\$167.52   | Payee address; City; State; Zip Code<br>5601 McPherson Blvd. Fort Worth, TX 76123<br><input type="checkbox"/> Check if individual's residence address                |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Event Expense  | Description<br>Town Hall                     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held               |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held               |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>6 of 10   | <b>2</b> FILER NAME<br>Dr. Mia Hall  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>9/12/2025   | <b>5</b> Payee name<br>Wix.com   |  |
| <b>6</b> Amount (\$)<br>\$25.98  | <b>7</b> Payee address; City; State; Zip Code<br>100 Gansevoort Street NY, NY 10014<br><input type="checkbox"/> Check if individual's residence address              |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Website Hosting    |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |  |  |

|   |   |                        |
|---|---|------------------------|
| Date<br>9/15/2025   | Payee name<br>Bank of America   |                        |
| Amount (\$)<br>\$12.00  | Payee address; City; State; Zip Code<br>100 North Tryon Street Charlotte, NC 28255<br><input type="checkbox"/> Check if individual's residence address    |                        |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Banking |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |   |                        |

|   |   |                                   |
|---|---|-----------------------------------|
| Date<br>9/18/2025   | Payee name<br>EIG - Constant Contact  |                                   |
| Amount (\$)<br>\$37.31  | Payee address; City; State; Zip Code<br>3675 Precision Drive Loveland, CO 80538<br><input type="checkbox"/> Check if individual's residence address       |                                   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Digital Newsletter |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |   |                                   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |                                     |  |
|---|-------------------------------------|--|
| <b>1</b> Total pages Schedule F1: 7 of 10 | <b>2</b> FILER NAME<br>Dr. Mia Hall | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|-------------------------------------|--|

|               |                               |
|---------------|-------------------------------|
| <b>4</b> Date | <b>5</b> Payee name<br>Costco |
|---------------|-------------------------------|

|                                 |  |       |        |          |
|---------------------------------|--|-------|--------|----------|
| <b>6</b> Amount (\$)<br>\$41.67 | <b>7</b> Payee address;<br>5300 Overton Ridge Blvd, Fort Worth, TX 76132<br><input type="checkbox"/> Check if individual's residence address | City; | State; | Zip Code |
|---------------------------------|--|-------|--------|----------|

|                                    |   |                              |
|------------------------------------|---|------------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br>Town Hall |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                              |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                       |
|--------------------|-----------------------|
| Date<br>10/14/2025 | Payee name<br>Wix.com |
|--------------------|-----------------------|

|             |  |       |        |          |
|-------------|--|-------|--------|----------|
| Amount (\$) | Payee address;<br>100 Gansevoort Street NY, NY 10014<br><input type="checkbox"/> Check if individual's residence address | City; | State; | Zip Code |
|-------------|--|-------|--------|----------|

|                               |   |                                |
|-------------------------------|---|--------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Website Hosting |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>10/16/2025 | Payee name<br>Bank of America |
|--------------------|-------------------------------|

|                        |  |       |        |          |
|------------------------|--|-------|--------|----------|
| Amount (\$)<br>\$12.00 | Payee address;<br>100 North Tryon Street Charlotte, NC 28255<br><input type="checkbox"/> Check if individual's residence address | City; | State; | Zip Code |
|------------------------|--|-------|--------|----------|

|                               |   |                        |
|-------------------------------|---|------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Banking |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |                                     |  |
|--|-------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>8 of 10 | <b>2</b> FILER NAME<br>Dr. Mia Hall | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|-------------------------------------|--|

|                             |                                 |
|-----------------------------|---------------------------------|
| <b>4</b> Date<br>10/16/2025 | <b>5</b> Payee name<br>Torchy's |
|-----------------------------|---------------------------------|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$12.15 | <b>7</b> Payee address;<br>928 Northton St. Fort Worth, TX76104<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address |
|---------------------------------|--|

|                                    |  |   |
|------------------------------------|--|---|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br>Political Meeting                               |
|                                    | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>10/20/2025 | Payee name<br>EIG - Constant Contact |
|--------------------|--------------------------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$37.31 | Payee address;<br>3675 Precision Drive Loveland, CO 80538<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address |
|------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description<br>Digital Newsletter   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>10/27/2025 | Payee name<br>Keke's Breakfast Cafe |
|--------------------|-------------------------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$96.86 | Payee address;<br>3000 S. Hulen Street Fort Worth, TX 76109<br>City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address |
|------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | Description<br>Boards/Commission Meeting                                  |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>9 of 10                        | <b>2</b> FILER NAME<br>Dr. Mia Hall  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>11/12/2025   | <b>5</b> Payee name<br>Wix.com   |  |
| <b>6</b> Amount (\$)<br>\$25.98                                     | <b>7</b> Payee address; City; State; Zip Code<br>100 Gansevoort Street NY, NY 10014<br><input type="checkbox"/> Check if individual's residence address.             |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Website Hosting    |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held               |
| Date<br>11/12/2025  | Payee name<br>Bank of America  |  |
| Amount (\$)<br>\$12.00  | Payee address; City; State; Zip Code<br>100 North Tryon Street Charlotte, NC 28255<br><input type="checkbox"/> Check if individual's residence address.              |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Fees   | Description<br>Banking                       |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held               |
| Date<br>11/18/2025  | Payee name<br>EIG - Constant Contact   |  |
| Amount (\$)<br>\$37.31  | Payee address; City; State; Zip Code<br>3675 Precision Drive Loveland, CO 80538<br><input type="checkbox"/> Check if individual's residence address.                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br>Digital Newsletter            |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held               |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |                                     |  |
|---|-------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>10 of 10 | <b>2</b> FILER NAME<br>Dr. Mia Hall | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|-------------------------------------|--|

|                             |                                |
|-----------------------------|--------------------------------|
| <b>4</b> Date<br>12/12/2025 | <b>5</b> Payee name<br>Wix.com |
|-----------------------------|--------------------------------|

|  |  |
|--|--|
| <b>6</b> Amount (\$)<br>\$25.98                                  | <b>7</b> Payee address;<br>100 Gansevoort Street NY, NY 10014<br>City; State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address |  |

|                                    |  |   |
|------------------------------------|--|---|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Website Hosting |
|                                    | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>12/15/2025 | Payee name<br>Bank of America |
|--------------------|-------------------------------|

|  |   |
|--|---|
| Amount (\$)<br>\$12.00   | Payee address;<br>100 North Tryon Street Charlotte, NC 28255<br>City; State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address |   |

|                               |   |                        |
|-------------------------------|---|------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Banking |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>12/18/2025 | Payee name<br>EIG - Constant Contact |
|--------------------|--------------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$37.31   | Payee address;<br>3675 Precision Drive Loveland, CO 80538<br>City; State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address |  |

|                               |   |                                   |
|-------------------------------|---|-----------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Digital Newsletter |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                   |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**