OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how to	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	^{ed:} 43
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Jamia	мі В.	OFFICE	USE ONLY
NAME	Dr. NICKNAME 'Mia'	LAST Hall	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 335		city; state; zip code rt Worth, Texas 76162	CS APR (O REC'D 3'25 PM4:01
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 966-7399	EXTENSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	_{FIRST}	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	'Charlie'	Garcia	23.,	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1 TREASURER 2440 Loreto Drive Fort Worth, Texas 76177				ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(956)	292-8548	EXTENSION	i i	
9 REPORT TYPE	January 15	30th day before		treasurer a (Officehold	
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 28 / 25	THROUGH 3	Day Yea	
11 ELECTION	Month Day 5 / 3	Year	Description	:	
12 OFFICE	OFFICE HELD (if any) Crowley ISD So	chool Board Trustee	- PI. 3 Fort Worth City		istrict 6
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	FHOLDER. THESE EXPENDITURE	B ACCEPTED OR POLITICAL EXPENDITURES I ES MAY HAVE BEEN MADE WITHOUT THE CAN DIRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHO	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	4		
Additional Pages	GENERAL	COMMITTEE ADDRESS		ě	
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

SUPPORT	X IOIALO					2 of 43
13 C / OH NAME	Hall, Mia			14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	These evnenditures ma	av have heen made wit	enditures made by political co hout the candidate's or office nation only if they receive no	nolaer's kno	owieage or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
_	GENERAL					
		COMMITTEE ADDRE	SS			
	SPECIFIC					
		COMMITTEE CAMPA	NIGN TREASURER NA	ME		
		COMMITTEE CAMPA	AIGN TREASURER AD	DRESS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	LIZED POLITICAL CON ES OF LOANS, OR CO	ITRIBUTIONS (OTHER ONTRIBUTIONS MADE	R THAN PLEDGES, LOANS, E ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITION (OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, O	S R GUARANTEES OF L	LOANS)	\$	21,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEN	IIZED POLITICAL EXP	ENDITURES		\$	0.00
		CAL EXPENDITURES			\$	26,854.73
CONTRIBUTION BALANCE	REPORTING P	ERIOD		THE LAST DAY OF THE	\$	13,358.12
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL RTING PERIOD	OUTSTANDING LOAI	NS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		tr	swear, or affirm, under ue and correct and incl nder Title 15, Election (penalty of perjury, that the ac udes all information required Code.	ccompanyin to be repor	g report is ted by me
			Bucco	centles	11)	
		7	Signa	ature of Candidate or Officeho	older	
AFFIX N	OTARY STAMP / SEAL A	BOVE				
Course be and and	scribed before me, by the	said Mia	Hall	, this the	3	day
of April		certify which, witness n	ny hand and seal of off	ice.	LALLI DI	
attatli	a_	CiHalli	Diaz	MY COL	MMISSION (GUST 18, RY ID: 133	EXPIRES 2026
Signature of o	fficer administering	Printed name o	f officer administering	At the order		owig datie

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				D-000 1956		3 of 43
	FILEI Hall,	R NAM Mia		-		
20		EDULE E OF S	SUE	BTOTAL AMOUNT		
	1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,550.00
	2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	3.	Х	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.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
	11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$	
	12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
1						

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 2 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 9 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 (\$) Full name of contributor out-of-state PAC (ID#: 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 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 (\$) Full name of contributor out-of-state PAC (ID#: 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 Douglas, Sharon (Ms.) 02/25/2025 6 Contributor address; City; State; Zip Code 6825 Manhattan Boulevard 103 Fort Worth, TX 76120 9 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 Gomez, Xavier (Mr.) 02/25/2025 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 (\$) out-of-state PAC (ID#: Full name of contributor Date \$25.00 01/30/2025 Hall, Mia (Dr.) Contributor address; City; State; Zip Code 4629 MAPLE HILL DRIVE FORT WORTH, TX 76123 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 9 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 (\$) out-of-state PAC (ID#: Full name of contributor 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 (\$) out-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 (\$) Full name of contributor out-of-state PAC (ID#: Date \$50.00 03/24/2025 Lewis, Lynn (Ms.) Contributor address; City; State; Zip Code 1458 Danciger Drive Fort Worth, TX 76112 Principal occupation / Job title (See Instructions) Employer (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 (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 Limas, Jennifer (Mrs.) 02/19/2025 Contributor address; City; State; Zip Code 208 Oak Forest Trail Euless, TX 76039 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY P	OLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
The Instruction Gui	de explains how to complete this fo	orm.		s Schedule A1: Rpt: 10/43	
FILER NAME Hall, Mia			3 Filer ID		
02/27/2025 Linare: 6 Contrib 4705 0	me of contributor		7 Amount of	Contribution (\$)	\$250.00
Principal occupation / Job	o title (See Instructions)	9 Employer (See Instructions	s)		
03/06/2025 McCa Contrib 4908 S	me of contributor			Contribution (\$)	\$1,250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instruction Elevation Law Consulta			
03/20/2025 McFa Contril 3216	time of contributor out-of-state PAC (ID#:_dden, Raquel (Ms.) butor address; City; State; Zip Code Lookout Drive		Amount o	f Contribution (\$)	\$50.00
Principal occupation / Jo Social Worker	b title (See Instructions)	Employer (See Instruction School District	ns)		
03/24/2025 Mcew Contri 3301	ame of contributor out-of-state PAC (ID#: ving, Andre (Mr.) ibutor address; City; State; Zip Code Chancellorsville Drive		Amount o	f Contribution (\$)	\$1,000.00
Principal occupation / Jo	st Hill, TX 76140 bb title (See Instructions)	Employer (See Instruction TCC	ns)		
03/24/2025 Mose Contr	ame of contributor out-of-state PAC (ID#: es, Patrick (Dr.) ibutor address; City; State; Zip Code Manchester sfield, TX 76063	:)	Amount o	of Contribution (\$)	\$500.0
Principal occupation / Jo	ob title (See Instructions)	Employer (See Instruction	ons)		

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 (\$) Full name of contributor out-of-state PAC (ID#: 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 2 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 9 Employer (See Instructions) 8 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 4 Date \$100.00 03/19/2025 Toynes, Tony (Mr.) 6 Contributor address; City; State; Zip Code 1011 Greenbriar lane Duncanville, TX 75137 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Duncanville School administrator Amount of Contribution (\$) out-of-state PAC (ID#:_ Date Full name of contributor \$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 Vogel, Carlela (Ms.) 02/28/2025 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 (\$) Full name of contributor out-of-state PAC (ID#: 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 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 9 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 (\$) Full name of contributor out-of-state PAC (ID#: 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

PLEDGED CONTRIBUTIONS			EDULE B
The Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 15/43	
2 FILER NAME		3 Filer ID	
Hall, Mia			
⁴ TOTAL OF UNITEMIZED PLEDGES		\$	0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID	D#:	8 Amount of 9 In-kind de pledge (\$)	escription icable)
Hall, Ibo (Mr.) 7 Pledgor Address; City; State; Zip Co	de	\$10,000.00	
03/24/2025 4629 MAPLE HILL DRIVE			
		Check if travel outside of Texas. Co	omploto Schedule T
FORT WORTH, TX 76123 10 Principal occupation / Job title (See Instructions)	11 Employer (See Ins		ompiete Scriedule 1.
Owner	Innovative Air		

SCHEDULE F1

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 Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense 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 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. OF Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE FWANBWP** Annual Brochure Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Pavee name 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

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 C	Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District Ommittee 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.
Total pages Schedule F1: 2	FILER NAME 3 Filer ID
Sch: 2/25 Rpt: 17/43	Hall, Mia
Date 5	Payee name
03/07/2025	Catalyst Advisors
Amount (\$)	Payee address; City; State; Zip Code
\$2,250.00	1108 Lavaca Street
	Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2025	DJ Johnnie
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	821 Newport Road
	Fort Worth, TX 76120
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense Event Expense
v.	EVERT EXPENSE
	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officerolder frame
Date	Payee name
01/30/2025	Donor Box
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1520 Belle View Blvd
	#4106
	Alexandria, VA 22307
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fees
	Condidate/Officeholder name Office Solutht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeriolder name Since Sought
experientare to benefit ore	
	Warrier V4.1.0.002

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District 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)
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/25 Rpt: 18/43	Hall, Mia
4	Date	5 Payee name
	01/30/2025	Donor Box
6	Amount (\$)	7 Payee address; City; State; Zip Code
Ū	\$116.55	1521 Belle View Blvd
		#4107
		Alexandria, VA 22307
_	DUDD005	(h) Description
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
F	Date	Payee name
	02/11/2025	Donor Box
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$116.55	1522 Belle View Blvd
		#4108
		Alexandria, VA 22307
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
l		
r	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/C	DH
F	Date	Payee name
	02/14/2025	Donor Box
\vdash	Amount (\$)	Payee address; City; State; Zip Code
1	\$11.93	
	·	
		Alexandria, VA 22307
-	DUDDOCE	(6)
	PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
1	EXPENDITURE	Fees Check if Austin, TX, officeholder living expense
		Fees
+	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/0	DH
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Transportation Equipment & Related Expe

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political 0	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Fravel in District Travel Out of District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 4/25 Rpt: 19/43	Hall, Mia
4	Date !	Payee name
	02/15/2025	Donor Box
6	Amount (\$)	7 Payee address; City; State; Zip Code
Ü	\$11.93	1523 Belle View Blvd
	+	
		Alexandria, VA 22307
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Fees
		Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officerolder name Office 35dg/ft
F	Date	Payee name
	02/18/2025	Donor Box
H	Amount (\$)	Payee address; City; State; Zip Code
	\$4.95	1522 Belle View Blvd
	Ψ1100	
		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
١	EXPENDITORE	Fees
١		
L		Oradidate/Officeholder name Office sought Office held
١	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeriolder flame
	experiulture to benefit 6/6	
F	Date	Payee name
١	02/18/2025	Donor Box
H	Amount (\$)	Payee address; City; State; Zip Code
١	\$4.95	1523 Belle View Blvd
١	*	
١		Alexandria, VA 22307
L		(h) Description
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
1	EXPENDITURE	Fees Check if Austin, TX, officeholder living expense
١		Fees
-	O-malet- ONII V if divt	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/C	Candidate/Oniconcides riams
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Co	
Credit Card Fayment	The Instruction Guide explains how to complete this form.
. Total pages Schedule F1: 2	FILER NAME 3 Filer ID
Sch: 5/25 Rpt: 20/43	Hall, Mia
Date 5	Payee name
02/19/2025	Donor Box
Amount (\$)	1 4,50 444.000,
\$4.95	1524 Belle View Blvd
ž.	
	Alexandria, VA 22307
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
02/20/2025	Donor Box
Amount (\$)	Tayoo addi sooj
\$4.95	1525 Belle View Blvd
	Alexandria, VA 22307
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Data	Payee name
Date	Donor Box
02/20/2025	
Amount (\$)	Payee address; City; State; Zip Code
\$11.93	1526 Belle View Blvd
	Alexandria, VA 22307
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	Version V4.1.0 e02d

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: 2 Sch: 6/25 Rpt: 21/43	FILER NAME Hall, Mia
4	Date 5	Payee name
	02/20/2025	Donor Box
_		Payee address; City; State; Zip Code
b	Amount (\$) \$1.47	1527 Belle View Blvd
		Alexandria, VA 22307
8		(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
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2025	Donor Box
_	Amount (\$)	Payee address; City; State; Zip Code
	\$4.95	1528 Belle View Blvd
	Ψ4.55	1020 8010 11011 2110
		Alexandria, VA 22307
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITORE	Fees
		Fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/20/2025	Donor Box
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$4.95	1529 Belle View Blvd
	φ4.93	1323 Belie View Bivu
		Alexandria, VA 22307
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
١	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.
١	LAI LIBITOIL	Fees
L		Condidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Candidate/Onicerolder name
	expenditure to benefit C/O	п
T		
1		Vi V4.4.0 -02402

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Consulting Ex Contributions Candidate Credit Card F	d/ Donations Made By e/Officeholder/Politica	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/W	pense ages/Con	Travel C ract Labor OTHER	out of District (enter a category not listed above)
T	- C-Ldula E1.	2 FILER NAM			•	3 Filer II)
	s Schedule F1:	ALTO MARKET MARKET	VIC.				
Sch: 7/25	5 Rpt: 22/43	Hall, Mia					
Date		5 Payee nan	ne				
02/21/202	25	Donor Bo	X				
Amount (\$)	1	7 Payee add	ress; City;	State; Zip Co	de		
Amount (4)	\$4.95		e View Blvd				
	Ψ4.55	1330 BC	C VIOW BIVE				
		Meyandri	a, VA 22307				
PURPO	nee .		(See Categories listed at the top o	f this schadule)	(b) De	scription	
OF		Fees	(See Categories listed at the top o	i tilis scriedule)	ÌΠ	Check if travel outside of Te	xas. Complete Schedule T.
EXPEND	ITURE	Fees			┌	Check if Austin, TX, officeho	lder living expense
					Fe	es	
		1					
) Complete	ONLY if direct	Candidate/0	Officeholder name	Office sou	ght	C	Office held
expenditur	re to benefit C/C		5,1100110110111111111111111111111111111				
Date		Payee nai	ne				
02/22/20	25	Donor Bo	ΟX				
Amaunt (d	·\	Pavee ad	dress; City;	State; Zip Co	ode		
Amount (\$,	le View Blvd				
	\$23.55	1221 DE	ie view bivu				
		Alexandı	ia, VA 22307				
PURP	OSE	(a) Category	(See Categories listed at the top	of this schedule)	(b) D	escription	
OI	F	Fees	(000 0010901101 111101 111111 111111	Part 1 (18) 1 (18) 1 (18) 1 (18) 1 (18) 1 (18) 1 (18) 1 (18) 1 (18) 1 (18) 1 (18) 1 (18) 1 (18) 1 (18) 1 (18)		Check if travel outside of To	exas. Complete Schedule T.
EXPEND	DITURE					Check if Austin, TX, officeh	older living expense
					F	ees	
							2
Complete	ONLY if direct	Candidate/	Officeholder name	Office so	ught		Office held
	re to benefit C/						
Date	,	Payee na	ıme				
02/23/20	125	Donor B					
				State; Zip C	ode		
Amount (Payee ac	5-00-0	State, Zip C	Juc		
	\$23.5	5 1532 Be	elle View Blvd				
		1					
		Alexand	ria, VA 22307				
PURF	POSE	(a) Category	(See Categories listed at the top	of this schedule)	(b) [escription	
	F	Fees	(Occ Calegories listed at the 1-p	,			exas. Complete Schedule T.
EXPEN	DITURE	' ' ' ' '				Check if Austin, TX, office	holder living expense
					F	ees	
Complete	e <u>ONLY</u> if direct		:/Officeholder name	Office so	ought		Office held
expendit	ure to benefit C	/OH					
				othics state ty	110		Version V4.1.0.e02d

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Food/Beverage Expense Polining Expense Travel Out of District Glit/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:	2 FILER NAME 3 Filer ID
	Sch: 8/25 Rpt: 23/43	Hall, Mia
ŀ	Date	5 Payee name
	02/24/2025	Donor Box
5	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.93	1533 Belle View Blvd
	,	Al-wardria MA 22207
 B	DUDDOSE	Alexandria, VA 22307 (a) Category (See Categories listed at the top of this schedule) (b) Description
5	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (D) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	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 H
=	Date	Payee name
	02/25/2025	Donor Box
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.27	1534 Belle View Blvd
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
=	Date	Payee name
	02/25/2025	Donor Box
_	Amount (\$)	Payee address; City; State; Zip Code
	\$11.93	
	Ψ11.50	
		Alexandria, VA 22307
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
L		Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate/Officeriolaer name
	experiulture to benefit on	
ĺ		
L		Version V4.1.0 a02d

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services The Instruction Guide explains how to complete this form. Food/Beverage Expense From Expense Travel Out of District OTHER (enter a category not listed above)
L	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 9/25 Rpt: 24/43	Hall, Mia
1	Date	5 Payee name
	02/26/2025	Donor Box
<u> </u>	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.95	1536 Belle View Blvd
	ψ 1100	
		Alexandria, VA 22307
B	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/26/2025	Donor Box
_	Amount (\$)	Payee address; City; State; Zip Code
	\$2.63	1537 Belle View Blvd
	Ψ2.00	1001 Boile View Bird
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/C	
_	Date	Payee name
	02/26/2025	Donor Box
H	Amount (\$)	Payee address; City; State; Zip Code
	\$4.95	1528 Belle View Blvd
	,	
		Alexandria, VA 22307
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas, Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
l		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/0	Other distriction of the control of
L		
•		Vargion V4.1.0 a02d6

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Committee	Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide expl		pense /ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	
	Sch: 10/25 Rpt: 25/43	Hall, Mia					_
4	Date	5 Payee name					- 1
	02/27/2025	Donor Box					
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	de		
	\$11.93	1529 Belle	View Blvd				
		Alexandria			(h) Description		-
8	PURPOSE OF		See Categories listed at the top of the	his schedule)	(b) Description Check if tra	evel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees				ustin, TX, officeholder living expense	- 1
					Fees		
9			ficeholder name	Office sou	ıght	Office held	
	expenditure to benefit C/O	Η					
Г	Date	Payee name	е				1
١	02/28/2025	Donor Box					
H	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode		1
l	\$2.63	1530 Belle	· View Blvd				- 1
l		1					1
		Alexandria	a, VA 22307				
r	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b) Description		
	OF	Fees				avel outside of Texas. Complete Schedule T.	
١	EXPENDITURE				Fees	austin, TX, officeholder living expense	
ı					1 -663		
L				015		Office held	
	Complete ONLY if direct expenditure to benefit C/C		fficeholder name	Office so	ugnt	Office field	
F	Date	Payee nam	ne				
١	03/03/2025	Donor Bo					
H		Payee add		State; Zip C	Code		
1	Amount (\$)	1 '	e View Blvd	Otato, 2.p e			
ı	\$4.95	1526 Bell	e view bivu				
١		Alevandri	a, VA 22307				
L					(b) Descriptio	n	
1	PURPOSE OF		(See Categories listed at the top of	f this schedule)	Check if	travel outside of Texas. Complete Schedule T.	
١	EXPENDITURE	Fees				Austin, TX, officeholder living expense	
١					Fees		
H	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	ought	Office held	
	expenditure to benefit C/				oil		
H							
						Version V4.1.0 et	024622

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political	Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Expo Salaries/Wa		Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains	how to com	plete this form.	
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID
	Sch: 11/25 Rpt: 26/43	Hall, Mia				
1		5 Payee name	9			
•	03/05/2025	Donor Box				
37		NO. 382 SECOND 1		; Zip Cod	9	
6	/ WII Gaille (4)	7 Payee addr		;, Zip Cou	C	
	\$7.27	1529 Belle	e View Blvd			
		Alexandria	a, VA 22307			
8	PURPOSE	(a) Category	See Categories listed at the top of this sc	hedule)	b) Description	
	OF	Fees				outside of Texas. Complete Schedule T.
	EXPENDITURE					n, TX, officeholder living expense
				1	Fees	
9	Complete ONLY if direct		fficeholder name	Office soug	ht	Office held
	expenditure to benefit C/OF	4				
_	Date	Payee nam	ne			
	03/06/2025	Donor Bo				
		Payee add		e; Zip Coo	de	
	Amount (\$)		e View Blvd	o,p		
	\$58.43	1330 Dell	e view bivu			
		Alexandri	a, VA 22307			
	PURPOSE	(a) Category	(See Categories listed at the top of this se	chedule)	(b) Description	
	OF EXPENDITURE	Fees	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
	EXPENDITORE	-		III, 17, officerolder living expense		
					Fees	
				011	-1-4	Office held
	Complete ONLY if direct		Officeholder name	Office sou	gnt	Office field
	expenditure to benefit C/O	9				
_	Date	Payee nar	ne			
	03/06/2025	Donor Bo	X			
H	Amount (\$)	Payee add	dress; City; Sta	te; Zip Co	de	
	\$70.05	1	le View Blvd			
	Ψ10.00	1001 50.	10 11011 2111			
		Alexandr	ia, VA 22307			
Γ	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	vel outside of Texas. Complete Schedule T.
١	OF EXPENDITURE	Fees				stin, TX, officeholder living expense
	_// _// _//				Fees	,,
					. 555	
L			- m - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	O#ic= ==	ight.	Office held
	Complete ONLY if direct expenditure to benefit C/C		Officeholder name	Office sou	ignt	Office field
	experiulture to benefit C/C	21.1				
Γ						
١						
П						14 - 144 4 0 -00

SCHEDULE F1

(CONTRIBUTION	IS
	-	EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Travel in District Travel out of District
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 12/25 Rpt: 27/43	Hall, Mia
4	Date 03/07/2025	5 Payee name Donor Box
6	Amount (\$) \$11.93	7 Payee address; City; State; Zip Code 1528 Belle View Blvd Alexandria, VA 22307
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 03/14/2025	Payee name Donor Box
	Amount (\$) \$4.95	Payee address; City; State; Zip Code 1528 Belle View Blvd Alexandria, VA 22307
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	03/15/2025	Donor Box
	Amount (\$) \$2.63	Payee address; City; State; Zip Code 1528 Belle View Blvd
		Alexandria, VA 22307
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Committee	Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Salaries/	Expense Wages/	Contract Labor	Travel Mut of District OTHER (enter a category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAM	IE				3 Filer ID	
	Sch: 13/25 Rpt: 28/43	Hall, Mia						
4	Date	5 Payee nam	e					
	03/15/2025	Donor Box	(
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode			
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_	DUDDOSE				(h)	Description		
8	PURPOSE OF	C2-09	(See Categories listed at the top	of this schedule)	(6)	Description Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees			1	_	TX, officeholder living expense	
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9	Complete ONLY if direct		fficeholder name	Office so	ught		Office held	
	expenditure to benefit C/OI	Н						
_	Date	Payee nam	ne					
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	φ4.93	1330 Dell	e view biva					
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		Alexandri	a, VA 22307					
	PURPOSE	(a) Category	(See Categories listed at the top	o of this schedule)	(b)	Description	cutaida of Taura Campilata Sahadula T	
	OF EXPENDITURE	Fees					outside of Texas. Complete Schedule T. , TX, officeholder living expense	
						Fees	,,	
_	Complete ONLY if direct	Candidate/C	Officeholder name	Office so	ouaht		Office held	
	expenditure to benefit C/O		moonoider mame		5			
_	Date	Dayso par	20					
	03/15/2025	Payee nan Donor Bo						
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	\$2.63	1531 Bell	e View Blvd					
		Alexandr	ia, VA 22307					
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees					outside of Texas. Complete Schedule T.	
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L	Consolidate CARLACTE III	Candidate"	Officeholder name	Office s	Oliapt		Office held	
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=	Tayaa l	Tthian Commi	scion MANANA	othics state to	/ IIC		Version V4.1.0	e02d623

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category inclinated 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	5 Payee name
	03/15/2025	Donor Box
_	A STATE OF THE PROPERTY OF THE	7 Payee address; City; State; Zip Code
)	Amount (\$)	1532 Belle View Blvd
	\$2.63	1532 Belle View Bivu
		Alexandria, VA 22307
3	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/O	
	Date	Payee name
	03/16/2025	Donor Box
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.95	1533 Belle View Blvd
	¥	
		Al
		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
	EXI ENDITORE	Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
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=	Date	Payee name
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	\$11.93	1528 Belle View Blvd
		Alexandria, VA 22307
H	PURPOSE	(b) Doministra
	OF	(a) Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
F	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	Complete <u>ONLY</u> if direct expenditure to benefit C/0	
L		

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political G	Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		e se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed abo	ove)
	Credit Card Payment		The Instruction Guide explains	how to compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	
	Sch: 15/25 Rpt: 30/43	Hall, Mia					
1		5 Payee name	3			•	
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6	, (+)	7 Payee addre	,	, Zip Code			
	\$1.28	1529 Belle	View Blvd				
		Alexandria	ı, VA 22307				
8	PURPOSE	(a) Category	See Categories listed at the top of this so	hedule) (b)	Description		
٠	OF	Fees	See Categories listed at the top of this se		Check if trave	outside of Texas. Complete Schedule T.	
	EXPENDITURE	1 003			Check if Austi	n, TX, officeholder living expense	
				1	Fees		
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sough	t	Office held	
,	expenditure to benefit C/OF						
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	Date	Payee nam					
	03/17/2025	Donor Box					
Г	Amount (\$)	Payee add	ress; City; Stat	e; Zip Code			
	\$4.95	1530 Belle	e View Blvd				
		Aleyandri:	a, VA 22307				
L				10	1 Description		
l	PURPOSE OF		(See Categories listed at the top of this s	chedule)	DescriptionCheck if tray	el outside of Texas. Complete Schedule T.	
١	EXPENDITURE	Fees				tin, TX, officeholder living expense	
١					Fees		
١							
L		0 1:1-1-15	Officeholder name	Office sough	nt	Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		omcenoider name	Office Sough	ıt	Smoother.	
	experialitare to believe ere-						
Γ	Date	Payee nan	ne				
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١		Alexandr	ia, VA 22307				
r	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (b) Description		
	OF	Fees	200			vel outside of Texas. Complete Schedule T.	
1	EXPENDITURE	1				stin, TX, officeholder living expense	
					Fees		
t	Complete ONLY if direct		Officeholder name	Office soug	ht	Office held	
	expenditure to benefit C/C	DH					
F							
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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

	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: 16/25 Rpt: 31/43	Hall, Mia
4	Date	5 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	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
	EXI ENDITORE	Fees
L	OI-t- ON V V diament	Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/officerolate/famo
F	Date	Payee name
l	03/19/2025	Donor Box
H	COMPANY TO SECURITION OF A SEC	Payee address; City; State; Zip Code
	Amount (\$)	1529 Belle View Blvd
١	\$4.95	1329 Belle View Bivu
l		
١		Alexandria, VA 22307
Γ	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
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H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/C	Odification of the original
F		Ι -
	Date	Payee name
L	03/20/2025	Donor Box
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.63	1530 Belle View Blvd
		Alexandria, VA 22307
\vdash	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.
١	EXPENDITORE	Check if Austin, TX, officeholder living expense Fees
		1 663
1	Commission CAU V if discort	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeriolder Harrie Stranger
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		V - VI 4 0 -004C00

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee	Gitt/Awards/Memorials Expense Legal Services The Instruction Guide exp		ages/Contract Labor	Travel Out of District OTHER (enter a category not listed	above)
4	Total pages Schedule F1:	2 EII ED NAM				3 Filer ID	
1	N 150		L			(1000 Westerday) A0101	
	Sch: 17/25 Rpt: 32/43	Hall, Mia					
4	Date	5 Payee nam	e				
	03/21/2025	Donor Box	(
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de		
	\$2.63	1528 Belle	e View Blvd				
		Alovandri	a, VA 22307				
		Alexandria	1, VA 22301		(h) D ===i=ti===		
8	PURPOSE OF		(See Categories listed at the top of	his schedule)	(b) Description	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees				n, TX, officeholder living expense	
	Strangerston America Control State Control Control				Fees		
L			W:	Office sou	aht	Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		officeholder name	Onice sou	giit	Office field	
	experialitare to benefit or or						
Г	Date	Payee nan	ne				
	03/22/2025	Donor Bo	X				
H	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode		
١	\$4.95		e View Blvd				
١	Ψ4.55	1020 Bon	0 11011 2.14				
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١		Alexandri	a, VA 22307				
Γ	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b) Description	Luntida of Tayan Complete Schodule T	v.
ı	OF EXPENDITURE	Fees				el outside of Texas. Complete Schedule T in, TX, officeholder living expense	•
1	EXPENDITORE	1			Fees	III, 17, officerolder living expense	
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L				- "	<u> </u>	Office held	
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١	expenditure to benefit C/C	ин					
F	Date	Payee na	ne				
١	03/24/2025	Donor Bo					
H		Payee ad	dress; City;	State; Zip C	ode		
1	Amount (\$)	1	lle View Blvd	Otato,			
ı	\$4.95	1331 De	ile view biva				
١		1					
1		Alexandi	ria, VA 22307		_		
T	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b) Description		-
1	OF	Fees			1 🗀	rel outside of Texas. Complete Schedule	1.
١	EXPENDITURE	1			1 -	stin, TX, officeholder living expense	
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r	Complete ONLY if direct		Officeholder name	Office so	ought	Office held	
	expenditure to benefit C/0	DH					
ŀ							
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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

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 18/25 Rpt: 33/43	Hall, Mia
4 Date 03/24/2025	5 Payee name Donor Box
6 Amount (\$) \$23.55	7 Payee address; City; State; Zip Code 1532 Belle View Blvd Alexandria, VA 22307
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/24/2025 Amount (\$)	Payee name Donor Box Payee address; City; State; Zip Code
\$46.80	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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date 03/24/2025	Payee name Donor Box
Amount (\$) \$2.63	Payee address; City; State; Zip Code 1534 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
Forms provided by Texas	Ethics Commission www.ethics.state.tx.us Version V4.1.0.e02d6

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Food/Beverage Expense Fourity							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID							
	Sch: 19/25 Rpt: 34/43	Hall, Mia							
4	Date	5 Payee name							
	03/24/2025	Donor Box							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$4.95	1535 Belle View Blvd							
	* *****								
		Alexandria, VA 22307							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Fees							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	03/24/2025	Donor Box							
H	Amount (\$)	Payee address; City; State; Zip Code							
١	\$7.27	1536 Belle View Blvd							
	Ψι.Σι	1555 Belie View Bive							
l									
		Alexandria, VA 22307							
Г	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.							
١	EXPENDITORE	Check if Austin, TX, officeholder living expense							
ı		Fees							
l									
Γ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
l	expenditure to benefit C/O	DH							
F	Date	Payee name							
1	02/18/2025	EIG							
L									
	Amount (\$)	Payee address; City; State; Zip Code							
	\$22.38	3675 Precision Drive							
1									
		Loveland, CO 80538							
1	PURPOSE	(b) Societies							
	OF	Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Fees Check if Austin, TX, officeholder living expense							
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-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
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- 1		Varging V4.1.0 a0.2d6							

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Cor	nmittee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	se		Expense Wages/C	contract Labor e this form.	1	Travel Out of District DTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAM						3 F	Filer ID
	Sch: 20/25 Rpt: 35/43		Hall, Mia							
ŀ	Date	5	Payee name	е						
	03/17/2025		EIG							
;	Amount (\$)	7	Payee addre	ess; City;	State;	Zip C	ode			
	\$22.38		3675 Preci	ision Drive						
			Loveland,	CO 80538						
3	PURPOSE	(a)	Category	See Categories listed at the top	of this sche	edule)	(b)	Description		
	OF	Ĭ <i>'</i>	Fees	Januagorius notos at ano top				Check if trave		le of Texas. Complete Schedule T.
	EXPENDITURE		and the second s						n, TX,	officeholder living expense
								Fees		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/O	fficeholder name	0	Office so	ought			Office held
_	Date	Γ	Payee nam	e						
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	Amount (\$)	\vdash	Payee addr	ress; City;	State;	Zip C	Code			
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	Ψ1,112.02									
			Irving, TX	75060						
	PURPOSE	(a) Category	(See Categories listed at the top	of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Printing E	xpense						de of Texas. Complete Schedule T.
	EXPENDITURE	1								officeholder living expense
		1						Road and Y	aru .	Signs
						>#:-				Office held
	Complete ONLY if direct expenditure to benefit C/O	Н	Candidate/C	Officeholder name	(Office so	ought			Office field
	Date	T	Payee nan	ne						
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-	Amount (\$)	\dagger	Payee add	lress; City;	State	; Zip (Code			
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	φ30.00			The second secon						
			Fort Wort	th, TX 76116	1					
	PURPOSE	(a) Category	(See Categories listed at the to	p of this sch	hedule)	(b)	Description		
	OF EXPENDITURE			verage Expense						side of Texas. Complete Schedule T.
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						O#.				Office held
	Complete ONLY if direct expenditure to benefit C/C	٦L	Candidate/0	Officeholder name		Office s	sought			Office field
189	expenditure to benefit C/C	Л П								
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	Committee Legal Services Salaries/wages/Contract Labor O'MEN (Cincil a Galages) Hot laboration of the Committee							
	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID							
	Sch: 21/25 Rpt: 36/43	Hall, Mia							
4	Date	5 Payee name							
	02/18/2025	Jumbo Property Management							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$677.60	9700 Apex Drive							
	· ·								
		Fort Worth, TX 76108							
8	PURPOSE	(b) Description							
0	OF	a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Sign Placement							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	H							
F	Date	Payee name							
	03/22/2025	MiMi's Cafe							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$98.00	5858 SW Loop 820							
	400.00								
١		Fort Worth, TX 76132							
L		(h) Saminting							
١	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	Food/Beverage Expense Check if Austin, TX, officeholder living expense							
Constituent Meeting									
H	Complete ONLY if direct	te ONLY if direct Candidate/Officeholder name Office sought Office held							
١	expenditure to benefit C/C	DH Control of the con							
F	Date	Payee name							
	02/26/2025	Minuteman Press							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$101.16								
١	2304 Guildi Gudd								
١		Fort Worth, TX 76107							
L		(4) -							
١	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Distriction Type 2009 Check if travel outside of Texas, Complete Schedule T.							
١	EXPENDITURE	Printing Expense Check if Austin, TX, officeholder living expense							
١		Printing Expense							
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH									
+									
1		Varian V4.1.0 a024622							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Gilt/Awards/Memorials Expense Printing Expense Travel Out of District - 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							
4	Date	5 Payee name							
	03/11/2025	Nequitha Norwood							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
\$50.00 4601 Ocean Drive									
	,								
		Fort Worth, TX 76123							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	EXPENDITORE	Contract Labor							
		Contract Educati							
		Candidate/Officeholder name Office sought Office held							
9	Complete ONLY if direct expenditure to benefit C/Ol	Calidate/Officerolaci name							
H	5 .								
	Date	Payee name OMG Cakes & Southern Best Catering							
	02/26/2025								
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	2922 Martin Luther King Jr Blvd							
١		Dallas, TX 75215							
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Food/Reverage Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
Catering Expense									
						H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH									
F	Data	Davida nama							
l	Date	Payee name OMG Cakes & Southern Best Catering							
L	03/18/2025								
١	Amount (\$)	Payee address; City; State; Zip Code							
l	\$500.00	2922 Martin Luther King Jr Blvd							
١		Dallas, TX 75215							
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
ı	OF	Food/Reverage Expense Check if travel outside of Texas, Complete Schedule T.							
١	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Catering Expense							
r	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH									
+									
١		V - V440 -00460							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Foodbeverage Expense Foodbeverage Expense Gilt/Awards/Memorials Expense Printing Expense 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: 23/25 Rpt: 38/43	Hall, Mia						
	Date	5 Payee name						
	03/15/2025	PJ's Coffee						
	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$5.68	7048 Granbury Rd						
	φοιοσ	TO TO CHAINSAILY THE						
		Fort Worth, TX 76133						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Event Evnense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Event Expense - Campaign Meet and Greet						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
=	Date	Payee name						
	02/26/2025	Party Warehouse						
_		Payee address; City; State; Zip Code						
	Amount (\$)							
	\$52.99	6550 Camp Bowie Blvd Ste 113						
		Fort Worth, TX 76116						
_	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						
		Decorations						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	03/14/2025	USPS						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$134.00	7101 Bryant Irvin Rd						
	Ψ134.00	7 TOT DIVINE WANTED						
		Fort Worth, TX 76132						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Office Overhead/Rental Expense						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		PO Box Renewal						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/C	DH Control of the con						
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		Varsian V/1 1 0 e02						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not instead above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.
L	Total pages Schedule F1: Sch: 24/25 Rpt: 39/43	2 FILER NAME Hall, Mia
1	Date	5 Payee name
	02/26/2025	West Jax
_		
i	Amount (\$) \$530.41	7 Payee address; City; State; Zip Code 1708 8th Avenue
		Fort Worth, TX 76110
3	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Expense - Campaign Kick-Off
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
=	Date	Payee name
	02/12/2025	Wix.Com
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.89	100 Gansevoort Street New York, NY 10014
	PURPOSE	(h) Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Hosting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
-	Date	Payee name
	03/10/2025	Wix.com
	Amount (\$) \$24.89	Payee address; City; State; Zip Code 100 Gansevoort Street
		New York, NY 10014
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Website Hosting
	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Candidate/Officeholder/Political Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/Wa		e this form.			gory not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3 Filer	ID		- 1
	Sch: 25/25 Rpt: 40/43	Hall, Mia								
4	Date	5 Payee name								
	03/10/2025	Xavier Hall								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de					
	\$100.00									
	550									
		Fort Worth,	TX 76123							
8	PURPOSE		ee Categories listed at the top	of this schedule)	(b)	Description		Clat	- Cabadula T	1
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			Check if travel Check if Austir				1
						Contract Lab				
9	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	aht			Office held		
9	expenditure to benefit C/O		localolada name		3				,	
F	Date	Payee name)							
	03/17/2025	Xavier Hal								
Г	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$50.00	4629 Map	el Hill Drive							
		Fort Worth	, TX 76123							
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description					ta Sahadula T					
OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.										
Contract Labor										
١		1								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					İ					
expenditure to benefit C/OH						11				
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UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Event Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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 6 Payee name Date Catalyst Advisors 03/20/2025 Payee address; State; Zip Code 7 Amount (\$) \$879.83 1108 Lavaca Street Austin, TX 78701 9 TYPE OF Non-Political $|\mathsf{X}|$ 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. 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; 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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID 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 (\$) 8 Payee address; City; State; Zip Code \$1,521.14 1110 Lavaca Street Austin, TX 78701 TYPE OF 9 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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printing Expense Office held Office sought 11 Complete ONLY if direct Candidate/Officeholder name 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 X Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) PURPOSE (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Data Access** 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 Contributions/ Donations Made By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor 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; City; State; Zip Code \$1,250.00 1112 Lavaca Street Austin, TX 78701 TYPE OF 9 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 Candidate/Officeholder name Office sought Office held 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.

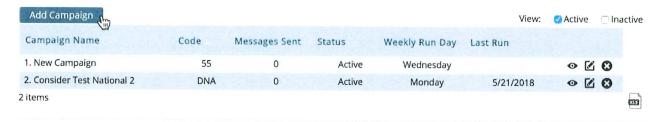


In a rush? Reference this **QuickStart Guide** for a brief summary of the campaign creation process.

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.