

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

# 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: 43

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Dr.

Jamia

B.

NICKNAME

LAST

SUFFIX

'Mia'

Hall

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 33574

Fort Worth, Texas 76162

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 817 )

966-7399

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Juan

NICKNAME

LAST

SUFFIX

'Charlie'

Garcia

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2440 Loreto Drive

Fort Worth, Texas 76177

(Residence or Business)

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

1

28

25

THROUGH

Month

Day

Year

3

24

25

11 ELECTION

ELECTION DATE

Month

Day

Year

5

3

25

ELECTION TYPE

☐

Primary

☐

Runoff

☒

Other  
Description  
Municipal

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Crowley ISD School Board Trustee - Pl. 3

13 OFFICE SOUGHT (if known)

Fort Worth City Council - District 6

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2  
2 of 43

13 C / OH NAME Hall, Mia

14 Filer ID

15 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. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 21,550.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 26,854.73

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 13,358.12

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

17 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

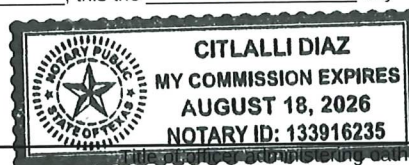
Sworn to and subscribed before me, by the said Mia Hall, this the 3 day of April, 20 25, to certify which, witness my hand and seal of office.



Signature of officer administering

CitHalli Diaz

Printed name of officer administering



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3  
3 of 43

18 FILER NAME Hall, Mia		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,550.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 10,000.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,191.88
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 18,662.85
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/43
2 FILER NAME Hall, Mia		3 Filer ID
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Vincent (Mr.) 6 Contributor address; City; State; Zip Code 6333 Warwick Hills Dr Fort Worth, TX 76132	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Vince Adams State Farm Agency
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Gray, Kelly (Ms.) Contributor address; City; State; Zip Code 2820 Galvez Avenue Fort Worth, TX 76111	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) KAG Consulting, LLC
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Jim (Mr.) Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bess, Doris (Ms.) Contributor address; City; State; Zip Code 961 Prairie Timber Road Burleson, TX 76028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brender, John (Mr.) Contributor address; City; State; Zip Code 2917 Alton Fort Worth, TX 76109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/11 Rpt: 5/43
<b>2</b> FILER NAME Hall, Mia		<b>3</b> Filer ID
<b>4</b> Date 03/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Gwen (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 220 E. Embercrest Dr.  Arlington, TX 76018	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covington, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code 7120 Francisco Dr  Fort Worth, TX 76133	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brackett and Ellis
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crossley, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code 2233 Blue Sage Drive  Flower Mound, TX 75028	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) JROTC Director		Employer (See Instructions) FWISD
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dansby, Walter (Mr.) <hr/> Contributor address; City; State; Zip Code 1909 Cliffbrook Court  Fort Worth, TX 76112	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dilworth, Jannis (Ms.) <hr/> Contributor address; City; State; Zip Code 2724 Forest Creek Dr  Fort Worth, TX 76123	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/43
2 FILER NAME Hall, Mia		3 Filer ID
4 Date 02/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Sharon (Ms.) 6 Contributor address; City; State; Zip Code 6825 Manhattan Boulevard 103 Fort Worth, TX 76120	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Construction		9 Employer (See Instructions) POTERE CONSTRUCTION LLC
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Xavier (Mr.) Contributor address; City; State; Zip Code 2864 Stackhouse Street Fort Worth, TX 76244	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Swim instructor		Employer (See Instructions) Aquatots
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Mia (Dr.) Contributor address; City; State; Zip Code 4629 MAPLE HILL DRIVE FORT WORTH, TX 76123	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public School Executive		Employer (See Instructions) FWISD
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Stae (Mrs.) Contributor address; City; State; Zip Code 9021 Nightingale Dr Fort Worth, TX 76123	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO   EQ Expert		Employer (See Instructions) iSALT,LLC
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensarling, Gene (Mr.) Contributor address; City; State; Zip Code 105 Running Bear Trail Decatur, TX 76234	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Account Exex		Employer (See Instructions) Texas AirSystems

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/43
2 FILER NAME Hall, Mia		3 Filer ID
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinton, Sharretha (Ms.) 6 Contributor address; City; State; Zip Code 215 Chateau Avenue Kennedale, TX 76060	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Public Servant		9 Employer (See Instructions) Public Servant
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horace, D L (Mr.) Contributor address; City; State; Zip Code 609 Fort Worth St Jacksonville, TX 75766	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) !		Employer (See Instructions) !
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Johnson, Nicole (Ms.) Contributor address; City; State; Zip Code 8300 BIG STONE CT FORT WORTH, TX 76123	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Partnerships Officer		Employer (See Instructions) The Rensselaerville Institute
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Greg (Mr.) Contributor address; City; State; Zip Code 3408 View Street Fort Worth, TX 76103	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Monica Bailey (Mrs.) Contributor address; City; State; Zip Code 2605 Winding Hollow Lane Arlington, TX 76006	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) LeVis Consulting Group, LLC



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/43
2 FILER NAME Hall, Mia		3 Filer ID
4 Date 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James-Harvey, Donna (Ms.) 6 Contributor address; City; State; Zip Code 4517 Windsor Ridge Drive Irving, TX 75038	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Consultant
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Cheryl (Mr.) Contributor address; City; State; Zip Code 829 Simi Dr Arlington, TX 76001	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Houston
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Richard (Mr.) Contributor address; City; State; Zip Code 1001 West Rosedale St. Apt. 1216 Fort Worth, TX 76104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Fort Worth ISD
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kunschik, Veronica (Ms.) Contributor address; City; State; Zip Code 4748 Slippery Rock Drive Fort worth, TX 76123	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) CISD
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Firm, Linebarger & Associates Contributor address; City; State; Zip Code 100 Throckmorton St #1700 Fort Worth, TX 76102	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/43
2 FILER NAME Hall, Mia		3 Filer ID
4 Date 01/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Glenn (Mr.) 6 Contributor address; City; State; Zip Code 5600 Rockhill Rd Fort Worth, TX 76112	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney / Partner		9 Employer (See Instructions) Linebarger Goggan Blair & Sampson
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Lynn (Ms.) Contributor address; City; State; Zip Code 1458 Danciger Drive Fort Worth, TX 76112	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Lynn (Ms.) Contributor address; City; State; Zip Code 1458 Danciger Drive Fort Worth, TX 76112	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Nydia (Ms.) Contributor address; City; State; Zip Code 4121 Ainsly Lane Keller, TX 76244	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) FWISD
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limas, Jennifer (Mrs.) Contributor address; City; State; Zip Code 208 Oak Forest Trail Euless, TX 76039	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/43
2 FILER NAME Hall, Mia		3 Filer ID
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linares, Patricia (Dr.) 6 Contributor address; City; State; Zip Code 4705 Cinnamon Hill Drive Fort Worth, TX 76133	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCain, Eboney (Ms.) Contributor address; City; State; Zip Code 4908 Sunset Ridge Drive Fort Worth, TX 76123	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Elevation Law Consultation, LLC
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFadden, Raquel (Ms.) Contributor address; City; State; Zip Code 3216 Lookout Drive Forest Hill, TX 76140	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) School District
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcewing, Andre (Mr.) Contributor address; City; State; Zip Code 3301 Chancellorsville Drive Forest Hill, TX 76140	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) TCC
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moses, Patrick (Dr.) Contributor address; City; State; Zip Code 606 Manchester Mansfield, TX 76063	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/43
2 FILER NAME Hall, Mia		3 Filer ID
4 Date 03/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Angela (Ms.) 6 Contributor address; City; State; Zip Code 4815 N Prairieview Ct Arlington, TX 76017-6070	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Hanlon, Kevin (Mr.) Contributor address; City; State; Zip Code 808 West Ave. Austin, TX 78701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Shareholder		Employer (See Instructions) O'Hanlon, Demerath & Castillo
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Origins, Melanin Contributor address; City; State; Zip Code 5404 Lee Dr Arlington, TX 76016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Building Pathways
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Postell, Jeff (Mr.) Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Ryan (Mr.) Contributor address; City; State; Zip Code 3103 Longhorn Trail Crowley, TX 76036	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/11 Rpt: 12/43
<b>2</b> FILER NAME Hall, Mia		<b>3</b> Filer ID
<b>4</b> Date 02/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Christopher (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 1300 Bear Creek Parkway 2122 Euless, TX 76039	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Mortgage finance		<b>9</b> Employer (See Instructions) Unknown
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roby III, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code 6234 Skylark Circle  Fort Worth, TX 76180	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Tracy (Ms.) <hr/> Contributor address; City; State; Zip Code PO Box 122072  Arlington, TX 76012-4475	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) Tarrant County
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Sandra (Dr.) <hr/> Contributor address; City; State; Zip Code 5237 Humbert Avenue  Fort Worth, TX 76107	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Opening Doors For Women In Need
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tei, Nana (Ms.) <hr/> Contributor address; City; State; Zip Code 7016 San Antonio Drive  Fort Worth, TX 76131	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/43
2 FILER NAME Hall, Mia		3 Filer ID
4 Date 03/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toynes, Tony (Mr.) 6 Contributor address; City; State; Zip Code 1011 Greenbriar lane Duncanville, TX 75137	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) School administrator		9 Employer (See Instructions) Duncanville
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Ebony (Ms.) Contributor address; City; State; Zip Code 615 Manchester Drive Mansfield, TX 76063	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Carlela (Ms.) Contributor address; City; State; Zip Code 901 Old Gate Rd Lakeside, TX 76108	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitfield I, Jeff (Mr.) Contributor address; City; State; Zip Code 6120 Echelon Way Plano, TX 75024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kelly Hart
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Barbara M. (Ms.) Contributor address; City; State; Zip Code 408 Virginia Place Fort Worth, TX 76107	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Self employed



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 11/11 Rpt: 14/43

2 FILER NAME  
Hall, Mia

3 Filer ID

4 Date  
03/07/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Williams, Barbara M. (Ms.)

7 Amount of Contribution (\$)  
\$250.00

6 Contributor address; City; State; Zip Code  
408 Virginia Place  
Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)  
Attorney

9 Employer (See Instructions)  
Self employed

Date  
03/17/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Williams, Ingrid (Ms.)

Amount of Contribution (\$)  
\$50.00

Contributor address; City; State; Zip Code  
7702 Pirate Point Circle  
Arlington, TX 76016

Principal occupation / Job title (See Instructions)  
Principal

Employer (See Instructions)  
FWISD

Date  
03/15/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Williams-Ridley, Cathy (Ms.)

Amount of Contribution (\$)  
\$50.00

Contributor address; City; State; Zip Code  
1520 Lamplighter Lane  
Fort Worth, TX 76134

Principal occupation / Job title (See Instructions)  
Administrator

Employer (See Instructions)  
FWISD

Date  
02/20/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Woods, Shane (Mr.)

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
5019 Italia Lane  
Grand Prairie, TX 75052

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
Girlstart

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B: Sch: 1/1 Rpt: 15/43	
<b>2</b> FILER NAME Hall, Mia		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
<b>5</b> Date  03/24/2025	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ibo (Mr.) <b>7</b> Pledgor Address; City; State; Zip Code 4629 MAPLE HILL DRIVE  FORT WORTH, TX 76123	<b>8</b> Amount of pledge (\$)  \$10,000.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>9</b> In-kind description (If applicable)
<b>10</b> Principal occupation / Job title (See Instructions) Owner		<b>11</b> Employer (See Instructions) Innovative Air	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/25 Rpt: 16/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 03/21/2025		5 Payee name CC Moss			
6 Amount (\$) \$125.00		7 Payee address; City; State; Zip Code 5625 Eisenhower Drive  Fort Worth, TX 76112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FWANBWP Annual Brochure	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/10/2025		Payee name CC Watkins Campaign			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 4237 Sweet Clover Lane  Fort Worth, TX 76036			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/28/2025		Payee name Catalyst Advisors			
Amount (\$) \$189.13		Payee address; City; State; Zip Code 1108 Lavaca Street  Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/25 Rpt: 17/43	<b>2</b> FILER NAME Hall, Mia	<b>3</b> Filer ID
<b>4</b> Date 03/07/2025	<b>5</b> Payee name Catalyst Advisors	
<b>6</b> Amount (\$) \$2,250.00	<b>7</b> Payee address; City; State; Zip Code 1108 Lavaca Street  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name DJ Johnnie	Office sought Office held
Amount (\$) \$150.00	Payee address; City; State; Zip Code 821 Newport Road  Fort Worth, TX 76120	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/30/2025	Candidate/Officeholder name Donor Box	Office sought Office held
Amount (\$) \$1.47	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/25 Rpt: 18/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 01/30/2025		5 Payee name Donor Box			
6 Amount (\$) \$116.55		7 Payee address; City; State; Zip Code 1521 Belle View Blvd #4107 Alexandria, VA 22307			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 02/11/2025		Payee name Donor Box			
Amount (\$) \$116.55		Payee address; City; State; Zip Code 1522 Belle View Blvd #4108 Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/14/2025		Payee name Donor Box			
Amount (\$) \$11.93		Payee address; City; State; Zip Code 1522 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/25 Rpt: 19/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 02/15/2025		5 Payee name Donor Box			
6 Amount (\$) \$11.93		7 Payee address; City; State; Zip Code 1523 Belle View Blvd  Alexandria, VA 22307			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 02/18/2025		Payee name Donor Box			
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1522 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/18/2025		Payee name Donor Box			
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1523 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/25 Rpt: 20/43		<b>2</b> FILER NAME Hall, Mia		<b>3</b> Filer ID	
<b>4</b> Date 02/19/2025		<b>5</b> Payee name Donor Box			
<b>6</b> Amount (\$) \$4.95		<b>7</b> Payee address; City; State; Zip Code 1524 Belle View Blvd  Alexandria, VA 22307			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
Date 02/20/2025		Payee name Donor Box			
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1525 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
Date 02/20/2025		Payee name Donor Box			
Amount (\$) \$11.93		Payee address; City; State; Zip Code 1526 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/25 Rpt: 21/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 02/20/2025		5 Payee name Donor Box			
6 Amount (\$) \$1.47		7 Payee address; City; State; Zip Code 1527 Belle View Blvd  Alexandria, VA 22307			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/20/2025		Payee name Donor Box			
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1528 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/20/2025		Payee name Donor Box			
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1529 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/25 Rpt: 22/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 02/21/2025		5 Payee name Donor Box			
6 Amount (\$) \$4.95		7 Payee address; City; State; Zip Code 1530 Belle View Blvd  Alexandria, VA 22307			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/22/2025		Payee name Donor Box			
Amount (\$) \$23.55		Payee address; City; State; Zip Code 1531 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/23/2025		Payee name Donor Box			
Amount (\$) \$23.55		Payee address; City; State; Zip Code 1532 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/25 Rpt: 23/43		<b>2</b> FILER NAME Hall, Mia		<b>3</b> Filer ID	
<b>4</b> Date 02/24/2025		<b>5</b> Payee name Donor Box			
<b>6</b> Amount (\$) \$11.93		<b>7</b> Payee address; City; State; Zip Code 1533 Belle View Blvd  Alexandria, VA 22307			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/25/2025		Payee name Donor Box			
Amount (\$) \$7.27		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/25/2025		Payee name Donor Box			
Amount (\$) \$11.93		Payee address; City; State; Zip Code 1535 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/25 Rpt: 24/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 02/26/2025		5 Payee name Donor Box			
6 Amount (\$) \$4.95		7 Payee address; City; State; Zip Code 1536 Belle View Blvd  Alexandria, VA 22307			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/26/2025		Payee name Donor Box			
Amount (\$) \$2.63		Payee address; City; State; Zip Code 1537 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/26/2025		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/25 Rpt: 25/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 02/27/2025		5 Payee name Donor Box			
6 Amount (\$) \$11.93		7 Payee address; City; State; Zip Code 1529 Belle View Blvd  Alexandria, VA 22307			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/28/2025		Payee name Donor Box			
Amount (\$) \$2.63		Payee address; City; State; Zip Code 1530 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/03/2025		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/25 Rpt: 26/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 03/05/2025		5 Payee name Donor Box			
6 Amount (\$) \$7.27		7 Payee address; City; State; Zip Code 1529 Belle View Blvd  Alexandria, VA 22307			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/06/2025		Payee name Donor Box			
Amount (\$) \$58.43		Payee address; City; State; Zip Code 1530 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/06/2025		Payee name Donor Box			
Amount (\$) \$70.05		Payee address; City; State; Zip Code 1531 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/25 Rpt: 27/43		2 FILER NAME Hall, Mia		3 Filer ID	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/15/2025		Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/25 Rpt: 28/43		2 FILER NAME Hall, Mia		3 Filer ID
4 Date 03/15/2025		5 Payee name Donor Box		
6 Amount (\$) \$2.63		7 Payee address; City; State; Zip Code 1529 Belle View Blvd  Alexandria, VA 22307		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/15/2025		Payee name Donor Box		
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1530 Belle View Blvd  Alexandria, VA 22307		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/15/2025		Payee name Donor Box		
Amount (\$) \$2.63		Payee address; City; State; Zip Code 1531 Belle View Blvd  Alexandria, VA 22307		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/25 Rpt: 29/43	<b>2</b> FILER NAME Hall, Mia	<b>3</b> Filer ID
<b>4</b> Date 03/15/2025	<b>5</b> Payee name Donor Box	
<b>6</b> Amount (\$) \$2.63	<b>7</b> Payee address; City; State; Zip Code 1532 Belle View Blvd  Alexandria, VA 22307	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		
Date 03/16/2025	Payee name Donor Box	
Amount (\$) \$4.95	Payee address; City; State; Zip Code 1533 Belle View Blvd  Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		
Date 03/17/2025	Payee name Donor Box	
Amount (\$) \$11.93	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/25 Rpt: 30/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 03/17/2025		5 Payee name Donor Box			
6 Amount (\$) \$1.28		7 Payee address; City; State; Zip Code 1529 Belle View Blvd  Alexandria, VA 22307			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/17/2025		Payee name Donor Box			
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1530 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/17/2025		Payee name Donor Box			
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1531 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/25 Rpt: 31/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 03/19/2025		5 Payee name Donor Box			
6 Amount (\$) \$2.63		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/19/2025		Payee name Donor Box			
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1529 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/20/2025		Payee name Donor Box			
Amount (\$) \$2.63		Payee address; City; State; Zip Code 1530 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/25 Rpt: 32/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 03/21/2025		5 Payee name Donor Box			
6 Amount (\$) \$2.63		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/22/2025		Payee name Donor Box			
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1529 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/24/2025		Payee name Donor Box			
Amount (\$) \$4.95		Payee address; City; State; Zip Code 1531 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/25 Rpt: 33/43		2 FILER NAME Hall, Mia		3 Filer ID
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Date 03/24/2025				
Payee name Donor Box				
Amount (\$) \$46.80				
Payee address; City; State; Zip Code 1533 Belle View Blvd  Alexandria, VA 22307				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/25 Rpt: 34/43		<b>2</b> FILER NAME Hall, Mia		<b>3</b> Filer ID	
<b>4</b> Date 03/24/2025		<b>5</b> Payee name Donor Box			
<b>6</b> Amount (\$) \$4.95		<b>7</b> Payee address; City; State; Zip Code 1535 Belle View Blvd  Alexandria, VA 22307			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/24/2025		Payee name Donor Box			
Amount (\$) \$7.27		Payee address; City; State; Zip Code 1536 Belle View Blvd  Alexandria, VA 22307			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/18/2025		Payee name EIG			
Amount (\$) \$22.38		Payee address; City; State; Zip Code 3675 Precision Drive  Loveland, CO 80538			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/25 Rpt: 35/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 03/17/2025		5 Payee name EIG			
6 Amount (\$) \$22.38		7 Payee address; City; State; Zip Code 3675 Precision Drive  Loveland, CO 80538			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/12/2025		Payee name Edwards and Patterson's Signs			
Amount (\$) \$1,712.52		Payee address; City; State; Zip Code 203 S Belt Line Rd.  Irving, TX 75060			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Road and Yard Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/28/2025		Payee name First Watch			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 6333 Camp Bowie Blvd #280  Fort Worth, TX 76116			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent Meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/25 Rpt: 36/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 02/18/2025		5 Payee name Jumbo Property Management			
6 Amount (\$) \$677.60		7 Payee address; City; State; Zip Code 9700 Apex Drive  Fort Worth, TX 76108			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Placement	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/22/2025		Payee name MiMi's Cafe			
Amount (\$) \$98.00		Payee address; City; State; Zip Code 5858 SW Loop 820  Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent Meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/26/2025		Payee name Minuteman Press			
Amount (\$) \$101.16		Payee address; City; State; Zip Code 2904 Cullen Street  Fort Worth, TX 76107			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/25 Rpt: 37/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 03/11/2025		5 Payee name Nequitha Norwood			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code 4601 Ocean Drive  Fort Worth, TX 76123			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/26/2025		Payee name OMG Cakes & Southern Best Catering			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 2922 Martin Luther King Jr Blvd  Dallas, TX 75215			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/18/2025		Payee name OMG Cakes & Southern Best Catering			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 2922 Martin Luther King Jr Blvd  Dallas, TX 75215			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/25 Rpt: 38/43		2 FILER NAME Hall, Mia		3 Filer ID
4 Date 03/15/2025		5 Payee name PJ's Coffee		
6 Amount (\$) \$5.68		7 Payee address; City; State; Zip Code 7048 Granbury Rd  Fort Worth, TX 76133		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense - Campaign Meet and Greet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/26/2025		Payee name Party Warehouse		
Amount (\$) \$52.99		Payee address; City; State; Zip Code 6550 Camp Bowie Blvd Ste 113  Fort Worth, TX 76116		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/14/2025		Payee name USPS		
Amount (\$) \$134.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Rd  Fort Worth, TX 76132		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box Renewal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/25 Rpt: 39/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 Date 02/26/2025		5 Payee name West Jax			
6 Amount (\$) \$530.41		7 Payee address; City; State; Zip Code 1708 8th Avenue  Fort Worth, TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 02/12/2025		Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/10/2025		Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/25 Rpt: 40/43		<b>2</b> FILER NAME Hall, Mia		<b>3</b> Filer ID	
<b>4</b> Date 03/10/2025		<b>5</b> Payee name Xavier Hall			
<b>6</b> Amount (\$) \$100.00		<b>7</b> Payee address; City; State; Zip Code 4629 Mapel Hill Drive  Fort Worth, TX 76123			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/17/2025		Payee name Xavier Hall			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 4629 Mapel Hill Drive  Fort Worth, TX 76123			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# 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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/3 Rpt: 41/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$	
5 Date 03/20/2025		6 Payee name Catalyst Advisors			
7 Amount (\$) \$879.83		8 Payee address; City; State; Zip Code 1108 Lavaca Street  Austin, TX 78701			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/20/2025		Candidate/Officeholder name Payee name Catalyst Advisors			
Amount (\$) \$11,261.88		Payee address; City; State; Zip Code 1109 Lavaca Street  Austin, TX 78701			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Program	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name Office sought Office held					

# 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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 2/3 Rpt: 42/43	2 FILER NAME Hall, Mia	3 Filer ID
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

5 Date 03/04/2025	6 Payee name Catalyst Advisors		
7 Amount (\$) \$1,521.14	8 Payee address; City; State; Zip Code 1110 Lavaca Street  Austin, TX 78701		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/04/2025	Payee name Catalyst Advisors		
Amount (\$) \$3,750.00	Payee address; City; State; Zip Code 1111 Lavaca Street  Austin, TX 78701		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Access	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 3/3 Rpt: 43/43		2 FILER NAME Hall, Mia		3 Filer ID	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$	
5 Date 03/01/2025		6 Payee name Catalyst Advisors			
7 Amount (\$) \$1,250.00		8 Payee address; City; State; Zip Code 1112 Lavaca Street  Austin, TX 78701			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name		Office sought		Office held	



# 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

Add Campaign 						View: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive	
Campaign Name	Code	Messages Sent	Status	Weekly Run Day	Last Run		
1. New Campaign	55	0	Active	Wednesday		  	
2. Consider Test National 2	DNA	0	Active	Monday	5/21/2018	  	

2 items 

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.