APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See	1 Total pages filed:						
2 CANDIDATE	MS/MRS MR FIRST	MI	OFFICE USE ONLY				
NAME	Terry	7	Filer ID #				
	NICKNAME LAST	SUFFIX	Date Received				
	Hall		RECEIVED				
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; 1929 Lakeside Dr.	STATE; ZIP CODE	SEP 06 2023				
	Sealy, TX. 27474		AUSTIN COUNTY ELECTIONS				
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount \$				
1110112	(713) Z98-5556		Date Processed				
5 OFFICE HELD (if any)			Date Imaged				
6 OFFICE SOUGHT (if known)	Austin County PCT3	Constabl	es office				
7 CAMPAIGN TREASURER	MSMR FIRST MI	NICKNAME	LAST SUFFIX				
NAME	Marcy	(grimes				
8 CAMPAIGN TREASURER	STREET ADDRESS; APT / SUITE #;	сну;	STATE; ZIP CODE				
STREET ADDRESS	463 Zubicek Rd.						
(residence or business)	Cat Spring, TX. 78	933					
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION					
PHONE	(979) 415-4540						
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Ch	apter 573 of the Te	exas Government Code.				
	I am aware of my responsibility to fil the Election Code.	le timely reports a	s required by title 15 of				
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.						
			816/2023				
	Signature of Candidate		Date Signed				
	GO TO PAGE	2					

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to Signature of Candidate which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST М 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** MR **TERRY** D NAME Date Received NICKNAME LAST SUFFIX HALL APT / SUITE #; 4 CANDIDATE / ADDRESS / PO BOX: CITY; ZIP CODE **OFFICEHOLDER** 1929 LAKESIDE DR. SEALY, TEXAS 77474 **MAILING** 1AN 02 2024 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (713 298-5556 **PHONE** Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN MI **TREASURER** MARCY **MRS** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **GRIMES** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 463 ZUBICEK RD. CAT SPRING TEXAS 78933 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (979 415-4540 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Year Month Day Year **COVERED** 24 23 8 6 **THROUGH ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Runoff Other Month Day Year Description General Special 3 5 24 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE AUSTIN COUNTY CONSTABLE PCT 3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE

GO TO PAGE 2

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NONE

GENERAL

SPECIFIC

Additional Pages

COMMITTEE ADDRESS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME TERY D HALL		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, CONTRIBUTIONS MADE ELECTRONICALLY)	·
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE)	\$ 1,375.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 375.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	\$ 1,000.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	NG LOANS AS OF THE
18 SIGNATURE s	swear, or affirm, under penalty of perjury, that the accompanyi	ring report is true and correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
		_ , //
		Top D. II
	<u></u>	Signature of Candidate or Officeholder
	Please complete either op	otion below:
(1) Affidavit	CYNTHIA A IBARRA Notary ID #125897957 My Commission Expires November 1, 2026	
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by Terry Hall	this the OQ day of Jan .
20 , to certify	which, witness my hand and seal of office.	
Guthia	Albana Cunthia H. Ib	<u> Darra</u>
Signature of officer administe	ering oath Printed name of officer administering oat	th Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my	y date of birth is
My address is		
	(street) (c	city) (state) (zip code) (country)
Executed in		
		day of, 20 (month) (year)
	 Sigr	nature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

D = 3 = 3 014710000

19	19 FILER NAME 20 Filer ID (Ethics Co.				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,375.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	4. SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$		
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 1
2 FILER NAME TERRY D	HALL		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	7 Amount of contribution (\$)	
11/16/2023	6 Contributor address; City; 1929 LAKESIDE DR. SEALY 1	State; Zip Code FEXAS 77474	375.00
· ·	pation / Job title (See Instructions) ICER / SERGEANT	9 Employer (See Instruction SEALY POLICE DE	
Date	VICKY CHITTY	C (ID#:)	Amount of contribution (\$)
11/16/2023	Contributor address; City; 1829 LAKESIDE DR. SEALY 1	· I	800.00
Principal occup RETIRED	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 11/26/2023	JAY REEVES JR	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; 20203 WHITE POPLAR DR KATY	State; Zip Code	200.00
Principal occup POLICE CHI	calion / Job litle (See Instructions)	Employer (See Instruct SEALY POLICE DE	•
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Schrift Meses (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (expense expenses)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME TERRY D HALL		3 Filer ID (Ethics	Commission Filers)
4 Date 11/16/2023	5 Payee name AUSTIN COUNTY REPUBLICAN PA	ARTY		
6 Amount (\$)	7 Payee address;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description PARTY FILING	G FEES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			A-0410-04-04-04-04-04-04-04-04-04-04-04-04-04
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	*****	EDED	TOTAL MARKET MAR
e				Danita - 4 0147/000/

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Terry	PWI	OFFICE USE ONLY
NAME	NICKNAME	Hall	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	keside Dr.	CITY; STATE; ZIP CODE	JAN 1 1 2024 AUSTIN COUNTY ELECTIONS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MVS NICKNAME	Havey LAST Grimes	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT/S	SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 415-4540	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 9	Day Year	Reporting Limit Month THROUGH	Day Year / 15 / 24
11 ELECTION	Month Day 3 / 5	Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE		
GO TO PAGE 2				

FORM C/OH COVER SHEET PG 2

	~ 1 11 11 11 11 11 11 11 11 11 11 11 11		
15 C/OH NAME		' 1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL (PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS,		\$ 4075.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITU	JRES	\$ 4010.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST	DAY \$ 64.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F	LL OUTSTANDING LOANS AS OF T PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that quired to be reported by me under Title 15, Elec	tion Code.	didate or Officeholder
	Please comple	te either option below:	
h Notar	NTHIA A IBARRA y ID #125897957 immission Expires vember 1, 2026		
Sworn to and subscribed	before me by T-CYCL Hal	this the	day of JOV.
20 24, to certify	which, witness my hand and see of of office.	1barra	Notar u
Signature of officer administe	ring oath Printed name of officer	administering oath	Title of office administering oath
	O	R	
(2) Unsworn Declarati	on		
My name is		, and my date of birth is _	
My address is			
	(street)		ate) (zip code) (country)
Executed in	County, State of,	on the day of(month)	, 20 (year)
		Signature of Candida	te/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Terry D. Hall	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
1/16/23	Terry D Hall 6 Contributor address; City; State; Zip Code 1929 Lakeside Dr. Sealy, TX. 77474	375.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	, · · · · · · · · · · · · · · · · · · ·			
Police of	Sticer/Sergeout Sealy Poli	ice Dept.			
Date	Full name of contributor	Amount of contribution (\$)			
1/14/23	Contributor address; City; State; Zip Code	800°0			
	1829 Lakeside Dr. Sealy, Tx. 77474				
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
11/24/23	Jay Recres SY Contributor address; City; State; Zip Code 20203 White Poplar Dr. Kary TX 77449	2000.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)			
Police		· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Date	Full name of contributor	Amount of contribution (\$)			
10/24	Terry Hall Contributor address; City; State; Zip Code 1929 Lakeside Dr. Sealy TX. 7474	2700.00			
Principal occupation / Job title (See Instructions) Palice Officer / Sergeant Sealy Palice Deut.					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED			

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

expenditure to benefit C/OH

SCHEDULE G

D - 2-- 1 4414E10000

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) lemy 5 Payee name Terry Hali for Austin Co. Constable Pct. 3 Campaign 4 Date Amount (\$) 7 Payee address; sealy 1-Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Donation to Campaign fund **PURPOSE** Donation to Campaign OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code City; State: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/W The Instruction Guide explains how to c		egory not listed above)
1 Total pages Schedule F1:	Terry D Hall	3 Filer ID (Eth	nics Commission Filers)
4 Date 1/10 24	5 Payee name Homethean Promotion)n5	
3,635, 85	7 Payee address; 204 N. Atchison St. 5	vite & Saly TX.	Zip Code
8	(a) Category (See Categories listed at the lop of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Political Signs	signage	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ring expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name री	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
Commellate ONBY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder liv	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austln, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	
	Committee of the commit		D s. de al 44/45/0000

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

D - 3- - 1 44/45/0000

19 FILER NAME 20	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4075.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	#BUTIONS \$4010.85
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$3635, 85 TH
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$3635 85
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED \$

FORM C/OH COVER SHEET PG 1

	***************************************						***************************************
The C/OH Instruction G	uide explains how	to complete	e this form.	1 Filer ID	(Ethics Commission File	rs) 2 Tol	lal pages filed:
3 CANDIDATE/	MS / MRS / MR	F	IRST		MI		OFFICE HOF ONLY
OFFICEHOLDER	Mr.	Ter	* V L L		\mathcal{M}		OFFICE USE ONLY
NAME			·			· · · Date R	eceived
	NICKNAME	<u></u>	tall		SUFFIX	_ R	ECEIVED
4 CANDIDATE/	ADDRESS / PO BOX	, a AP	PT / SUITE #;	CITY; S	STATE; ZIP CODE		
OFFICEHOLDER MAILING	1929 La	Kesi (de Dr	9		ı	FEB 07 2024
ADDRESS	19/201	7		. 4			I LD V I ZUZT
Change of Address	Scaly	' IV .	11141	4		ΔΙ	USTIN COUNTY
	AREA CODE	PHONE I	NUMBER		EXTENSION		FLECTIONS
5 CANDIDATE/ OFFICEHOLDER	l , , ,	PHONE 1	VOIVIDER	-	EXTENSION	Date H	and-delivered or Date Postmarked
PHONE	(713)	298-	5556				
6 CAMPAICH	MS / MRS / MR		IRST		MI	Receipt	# Amount \$
6 CAMPAIGN TREASURER	1107	240	W/\\		1411		
NAME		~\0	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$			Date Pr	rocessed
	NICKNAME	L A	-AST , •		SUFFIX	Date In	banen
		(– ,	1 mes			Date	nageu
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX P	PLEASE): APT / S	UITE #:	CITY; e		STATE; ZIP CODE
TREASURER	i	` . 9	iek Ro			VT.	
ADDRESS	465 6	-OOIC	JCK K	x. Ca	30 " " " "	1 1 1 2 2	78933
(Residence or Business)					•		
8 CAMPAIGN	AREA CODE	PHONE N	NUMBER	F	XTENSION		
TREASURER	7.11.277 0002	THORE !	TO THE LET	_			
PHONE	(909)	1115-	4540	`			
	(414)	413	45 10	<u> </u>			
9 REPORT TYPE	January 15	~	30th day before e	election	Runoff		15th day after campaign treasurer appointment (Officeholder Only)
	July 15		8th day before ele	ection	Exceeded Modifier Reporting Limit	3	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day	Year		Mor	th Day	Year
COVERED	1	100	/	THROU	GH -)/n/	/
	• /	<u> </u>	24	1111100	OII &	x/ 06	124
11 ELECTION	ELECTION DA	ATE			ELECTION T	YPE	
	Month Day	Year	Primary	Runof			
	l 🕳		General	Speci	Description	n	
	3/5/	14	General	Speci			The state of the s
43 OFFICE	OFFICE HELD (if any)	•	<u> </u>	13 (OFFICE SOUGHT (if k	noun)	
12 OFFICE	Or rice rices (ii dily)	•		13 \	DEFICE GOOGH) (II K	iowii)	
14 NOTICE FROM							DLITICAL COMMITTEES TO SUPPORT OF OFFICEHOLDER'S KNOWLEDGE OR
POLITICAL COMMITTEE(S)							IVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	E NAME				
		NDI	വര				
	GENERAL	COMMITTE	E ADDRESS				
Additional Pages							
	SPECIFIC	COMMITTE	E CAMPAIGN TRE	ASURER NAME			
		COMMITTE	E CAMPAIGN TR	EASURER ADDF	RESS		
		<u>L</u>					
			GO TO	PAGE 2			

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4075 =	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$4010.85	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOT REPORTING PERIOD	DAY \$ 64.15	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI LAST DAY OF THE REPORTING PERIOD	HE \$	
	swear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	nd correct and includes all information	
	\sim \sim \sim \sim \sim \sim \sim \sim	12	
	Signature of Candi	date or Officeholder	
	V	C.	
	Please complete either option below:		

	CYNTHIA A IBARRA		
\$ \(\frac{\xi}{\xi} \)	Notary ID #125897957		
(1) Affidavit	My Commission Expires November 1, 2026		
1	(OF)		
NOTARY STAMP/SEA	L ,		
Sworn to and subscribed	before me by TQVVQ D. Hall this the	1 day of Feb,	
20 24 to centify	which, witness my hand and seal of office.		
Wiltia	Whia H. Warra		
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath	
OR			
(2) Unsworn Declarati	on		
My name is	, and my date of birth is		
iviy audicəə iə	(street) (city) (stat	e) (zip code) (country)	
Francisco !-	, ,	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
Executed in	County, State of , on the day of (month)	, 20 (year)	
		e/Officeholder (Declarant)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		•
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	D. Hall	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
1/14/23	Torry D. Hall 6 Contributor address; City; State; Zip Code 1929 Lakeside Dr Sady, TX. 77474	375.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	
bolice of	theer/Sergeant Sealy Pol	nice Dept.
Date	Full name of contributor	Amount of contribution (\$)
1/14/23	Contributor address; City; State; Zip Code 1820 Lakerde Dr. Sealy, TX. 77474	2000
1 100	1820 Lakerde Dr. Sealy, TX, 22474	800 ·
	,	
Petre Petre	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
1/24/23	Sour Reeves Ir. Contributor address; Poplar Dr. Kady TX. 20203 White Poplar Dr. Kady TX.	3∞%
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	
Police	Chief Sealy, Pd	ice Cept.
Date	Full name of contributor	Amount of contribution (\$)
10/24	Terry Hall	. 00
, , ,	Contributor address; City; State; Zlp Code 1929 Lakeside Dr. Sealy, Tk. 77474	2700.
	1121 satisfied in 2009/11. 11414	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Palce 1	Africer /sergeant Sealy Holy	ce Jest.
	9	1
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule G:	2 FILER NAME 1 CYM D. Hall 3 Filer ID (Ethics Commission Filers)			
4 Date /10/24	5 Payee name Terry Hall for Austin Co. Pet. 3 Campaign			
6 Amount (\$) 2.700 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1929 Lakeside Dr. Sealy; TX. 77474			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) banation to Campaign Func banation to Campaign Func			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Candidate / Officeholder name Constable Pct. 3 Austin, TX, officeholder living expense Office sought Office held Constable Pct. 3 Austin Co			
Date /11/24	Payee name Wittenburg Printing			
Amount (\$) Reimbursement from political contributions intended	Payee address; Zip Code 310 Meyer St. Searly . Tx 37474			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held			
V29 24	Payee name Sealy News			
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code 337 Fowlkes St. Secury TX 77474			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Advertisment Description			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Terry D. Hall Constable Pct. 3 Austin Co.			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Characters Patrons (and Balance)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services SalariesM The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1:	Terry D. Hall	3 Filer ID (Ethics Commission Filers)	
4 Date 10/24	Promethean Promoti	ons	
6 Amount (\$) 3635. 85	7 Payee address; 334 N. Atchison st.	City; State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Political Signs	Signage	
ar	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
A CONTRACTOR CONTRACTO	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethic	s Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4075 00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4010 85
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/A	OH \$3635,85
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST М 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mr NAME Date Received NICKNAME LAST SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE **OFFICEHOLDER** 1929 Lakeside Dr. **MAILING** FEB 20 2024 **ADDRESS** Sedy, TX, 77474 Change of Address USTIN COUNTY AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand Gelije (d) Se Postmarked **OFFICEHOLDER** (913) 298-5556 **PHONE** Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN МІ **TREASURER** Mrs Date Processed NAME NICKNAME Date Imaged VIMES STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN 463 Zubleek Rd, cat Spring, IX. TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER PHONE** (979) 415-4540 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month COVERED 106 05/20 THROUGH ELECTION TYPE 11 ELECTION **ELECTION DATE** Runoff Other Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE None COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME.	rry D. H	rall		16 Filer ID	(Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)				5	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				5	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$					
	4. TOTAL POLIT	ICAL EXPENDITURE	s	9	6	4.00
CONTRIBUTION BALANCE	5. TOTAL POLITION OF REPORTIN		MAINTAINED AS OF THE LA	ST DAY	B	.15
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL (THE REPORTING PERI	OUTSTANDING LOANS AS COD	OF THE	\$	
1	ear, or affirm, under pena ired to be reported by me		accompanying report is tre Code.	ue and correc	et and inclu	ides all information
			Signature of C	ndidate or	Officeholde	er
				(
	Plo	ease complete	either option belo	N:		
JOHN FREDERICK FULLEN Notary Public, State of Texas Comm. Expires 04-11-2026 Notary ID 131526197					Texas 2026	
NOTARY STAMP/SEA				. 1		
Sworn to and subscribed	pefore me by	TRAY D. HALL	this the	19th	day of F	sbruffy_,
A A	hich, witness my hand and		`			
Julla Dulla		OHN F. FULLE			NOTAR	<u>Y</u>
Signature of officer administr	ng oath Pi	rinted name of officer adn	linistering oath	TI	lle of officer	administering oath
OR						
(2) Unsworn Declarati	T1					
My name is			, and my date of birth i	s		·
My address is,,,,						
	(street)				code)	(country)
Executed in	County, State of	, on	the day of (mon	(h)	20 <u>(year)</u>	
			Signature of Cand	idate/Officeho	older (Decla	arant)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Cardidate/Onicar Committee Legal Services Salates/Wages/Condict Labor Office (effer a category not instead above) Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME Terry D. Hall	3 Filer ID (Ethics Commission Filers)			
4 Date 2/15/24	5 Payee name Searly News				
6 Amount (\$) 346.50 Reimbursement from political contributions intended	7 Payee address; 337 Fowlkes St.	Sealy, TX. 77474			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advert sement	Ad in Payer			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Terry D. Hall Constable	Office sought Pct. 3 Austin Co.			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

. ... atlataa atata fi. . .

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selscies/Magas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.		
1 Total pages Schedule F1:	2 FILER NAME TEXYY D. Hall	3 Filer ID (Ethics Commission Filers)		
4 Date 416/24	Promethean Promotions			
6 Amount (\$) (44,00	7 Payee address; State; Zip Code 324 N. Atchison St. Sealy, TX. 77474			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Political signs signage			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Terry D. Hall Cunstable	Pct. 3 Austin Co.		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expen				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Darda at Attioned

19 FILE	9 FILERNAME TEVYLY D. Hall		mmission Filers)
	HEDULE SUBTOTALS HE OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	4. SCHEDULE E: LOANS		
5. 🗸	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 64.00
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$ 346.50
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		