APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See	CTA Instruction Guide for detailed instructions.	1 Total pages filed:	
2 CANDIDATE	MS / NRS MR FIRST	OFFICE USE ONLY	
NAME	Terry D	Filer ID #	
)	SUFFIX Date Received	
	Hall	RECEIVED	
3 CANDIDATE MAILING		SEP 06 2023	
ADDRESS	1929 Lakeside Dr.		
	Sealy, TX. 77474	AUSTIN COUNTY ELECTIONS	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$	
THONE	(713) Za8-5556	Date Processed	
5 OFFICE HELD (if any)		Date Imaged	
6 OFFICE	Austin County PCT3 Con	stable opin	
SOUGHT (if known)		stables office	
7 CAMPAIGN TREASURER	MS MR FIRST MI NICKNAME	LAST SUFFIX	
NAME	Marcy	Grimes	
8 CAMPAIGN TREASURER	STREET ADDRESS; APT/SUITE #; CITY; 463 Zubicek Rd.	STATE; ZIP CODE	
STREET ADDRESS			
(residence or business)	Cat Spring, TX. 78933		
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION		
PHONE	(979) 415-4540		
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573	of the Texas Government Code.	
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.		
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.		
-	Signature of Candidate	8/6/2023 Date Signed	
	Cignation of Canada	Date Oignou	
1	CO 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.)	
į	•• 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; ZIP CODE OFFICEHOLDER 1929 LAKESIDE DR. SEALY, TEXAS 77474 MAILING IAN 02 2024 **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION **OFFICEHOLDER** (713 298-5556 PHONE Receipt # Amount \$ FIRST CAMPAIGN MS / MRS / MR MI TREASURER MARCY MRS Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **GRIMES** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN **TREASURER** 463 ZUBICEK RD. CAT SPRING TEXAS 78933 ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION **CAMPAIGN** TREASURER PHONE 415-4540 (979 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Year COVERED 24 6 23 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description Special 5 24 General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 THE CANDIDATE | OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE NONE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME TERY D HALL		16 Filer II	D (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1	,375.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$	375.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 1	,000.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$	
49 SIGNIATURE 1.	wear, or affirm, under penalty of perjury, that the accompanying report is true	a and corr	act and lack	ides all information
	wear, or anim, under penalty of perjury, that the accompanying report is true pulred to be reported by me under Title 15, Election Code.	o and coll	eor and men	лован иноппавон
l lec	gunau to sa raporteo by the ution this 13, Election Code.			/)
		ز ر ی	7	
	- land	0.12		
	Signature of Ca	ındidate oı	r Officeholde	er -
			•	
	Blagge complete either entire heles			
	Please complete either option below	٧.		
(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	OR	day of	an
	which, witness my hand and seal of office.			
Chuttain C	Albana Cunthia A. Ibarra			
Signature of officer administer		-	Title of officer	administering oath
Olynakure of Officer administe	<u> </u>		, and of Officer	administering Cattl
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth is			*
My address is		,	4	_
,		' state) /-	zip code)	(country)
	(Supply (City) (S	- '		
Executed in	County, State of, on the day of	n)	_, 20 <u>(year)</u>	•
	fillolli	7	(//////	
	Signature of Candid	date/Office	holder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Comm		nmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
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		\$	375.00
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	3. 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/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

•	•••	, ,	•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME TERRY D	HALL		3 Filer ID (Ethics Commission Filers)
4 Date	TERRY D HALL		7 Amount of contribution (\$)
11/16/2023			375.00
1	pation / Job title (See Instructions) FICER / SERGEANT	9 Employer (See Instruct SEALY POLICE DE	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/16/2023	Contributor address; City: 1829 LAKESIDE DR. SEALY T	State: Zip Code EXAS 77474	800.00
Principal occup RETIRED	Dation / Job title (See Instructions)	Employer (See Instruct	lions)
Dale	JAY REEVES JR	C (ID#:)	Amount of contribution (\$)
11/26/2023	Contributor address; City; 20203 WHITE POPLAR DR KATY T	State; Zip Code FEXAS 77449	200.00
Principal occup POLICE CHII	pation / Job title (See Instructions)	Employer (See Instruct	· · · · · · · · · · · · · · · · · · ·
Date		C (ID#:)	Amount of contribution (\$)
:	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see instr		

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 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 now to t	complete this form.		
1 Total pages Schedule F1: 1	2 FILER NAME TERRY D HALL		3 Filer ID (Ethic	s Commission Filers)
4 Date 11/16/2023	5 Payee name AUSTIN COUNTY REPUBLICAN PA	ARTY		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description PARTY FILING FEES		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Calegory (See Calegorias listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Calegory (See Calegories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T,	Check if Aust	ln, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name ∃	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	
<u> </u>				D - 1 - 1 014710001

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Fifer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ МІ OFFICE USE ONLY **OFFICEHOLDER** NAME NICKNAME SUFFIX 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #: STATE: ZIP CODE JAN 1 1 2024 **OFFICEHOLDER** MAILING **AUSTIN COUNTY ADDRESS** Change of Address ELECTIONS AREA CODE EXTENSION PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (カラ) 298-5554 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN М **TREASURER** Mrs Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX F 7 CAMPAIGN **TREASURER** por 1120 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION TREASURER** PHONE (979) 415-4540 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Olher Month General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 M DNC COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME	1	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4015.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4010.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 64.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
		26-1
	Signature of Car	ndidate or Officeholder
	Please complete either option below	:
Notar My Co	ITHIA A IBARRA y ID #125897957 mmission Expires ember 1, 2026	
Sworn to and subscribed	before me by T-CYTU Hall this the	day of \\(\)(\)
20 24 to certify	which, witness my hand and seel of office.	· ·
Ulutua De	100ma Cunthia Ibarra	<u> Notary</u>
Signature of officer administe	y most daminostring sam	Title of officer administering oath
(2) Unsworn Declaration	on on	
My name is	, and my date of birth is	
My address is		
	, , ,	late) (zip code) (country)
Executed in	County, State of, on theday of (month)	, 20 (year)

Signature of Candidate/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	6 Contributor address; City; State; Zip Code	375.66
	1929 Lakeside Dr. Sealy, TX. 77474	
l • '	pation / Job title (See Instructions) 9 Employer (See Instructions)	•
1901CE DI	Sticer/Sergeant Sealy Pol	ice Dept.
Date	Full name of contributor	Amount of contribution (\$)
1/4/23	Contributor address; City; State; Zip Code	800 to
	1829 Lakeside Dr. Sealy, Tx. 77474	
Principal occup Retiv	cation / Job title (See Instructions) Employer (See Instruc	ctions)
Dale	Full name of contributor	Amount of contribution (\$)
1/24/23	Jay Deeres Jr Contributor address; City; State; Zip Code 20203 White Poplar Dr. Kasty, TX 77449	200.00
Principal occup	Chicf Employer (See Instructions) Employer (See Instructions) Scaly Political Security Politics Chicf See Instructions)	clions) Le Dept,
Date	Full name of contributorout-of-state_PAC (ID#:)	Amount of contribution (\$)
10/24	Tevry Hall Contributor address; City; State: Zip Code 1929 Lakeside Dr. Sealy, TX. 77474	2700.00
ام ا	oation / Job tille (See Instructions) Employer (See Instru	\ 1
Pdice Of	Ricer/Sergeant Sealy Police	e Dept.
		\

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE G

D - 1- - 4 444510000

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Terry Hall for Austin Co. Constable Pct. 3 Campaign 4 Date Amount (\$) 7 Payee address; sealy 1-Zip Code 2700 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description R 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 held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 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; City: State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/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
Others content and the Land Advances

Contributions/Donations Made By Candidate/Officeholder/Political	, manage		/ not listed above)
Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name		
1/10/24	Homethean Promoti	n5	
Amount (\$)	7 Payee address;	City; State;	Zip Code
5,635, <u>85</u>	46	wite A Saly iTX.	17474
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Dilities 1 Signs	Sinnacle	
OF EXPENDITURE	Political Signs	7.9.090	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehalder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought C	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought C	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, afficeholder living e.	kpense
Complete ONLY 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

9 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 CONTRIBUTIO	NS \$4010.85
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	TIONS \$
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 BUSINESS	оғ с/он \$3635 85
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	JRNED \$

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 Μŧ 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** MY NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; STATE: ZIP CODE **OFFICEHOLDER** FEB 07 2024 MAILING **ADDRESS AUSTIN COUNTY** Change of Address Date Hand delivered of Date Postmarked AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION **OFFICEHOLDER** (円13) 298-555b PHONE Receipt # Amount \$ MS / MRS / MR CAMPAIGN Mi **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE $(Q \cap Q)$ 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day COVERED THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4075 -00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$4010.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 64.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Tille 15, Election Code.	and correct and includes all information
:		D. 18
:	Signature of Cal	ndidate or Officeholder
	Please complete either option below	;
	· · · · · · · · · · · · · · · · · · ·	
(1) Affidavit	CYNTHIA A IBARRA Notary ID #125897957 My Commission Expires November 1, 2026	
NOTARY STAMP/SEA	L.	
$\sim \lambda$.	before me by TOVVA D. Hall this the	day of FeD.
30 24, to certify Signature of officer administer	which, witness my hand and seal of office. WALLANDER OF THE STATE OF	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	ţ
	, and my date of binners	······································
		tate) (zip code) (country)
Executed in	County, State of, on the day of(month	, 20 (year)
	Signature of Candid	ate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	to a manual of the tapping and the time page in t	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME IETTU	D. Hall	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$) 375.66
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	
Y14/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	cation / Job title (See Instructions) Employer (See Inst	tructions)
Date 1/24/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Police Police	coation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	dice best.
VIV/24	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 2700
Principal occup	Description / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	dice Dept.
	ATTACH ADDITIONAL CODIES OF THIS SOUEDINE EA	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

D. T. J. AATACIOOOO

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

		EXPENDITUR	RE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulling Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials I Legal Services The Instruction Gu	Office C Polling I Expense Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraisis Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense	
1 Total pages Schedule G:	2 FILER NA		tall		3 Filer ID (Ethics	Commission Filers)	
4 Date /10/24				t.3 Camp	aign		
6 Amount (\$) 2.700 Reimbursement from political contributions intended	7 Payee add	ress; akeside	Dr.	Sealy,	State;	Zip Code	
8 PURPOSE OF EXPENDITURE		(See Calegories listed at th non +v Ca		(b) Description Donation	, to Carry	xalign Func	
	(c) C	Check if travel outside of Texas	. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder na		Office sought	3 Austi	office held	
VII / 24	Payee nan	nburg F	?inting				
Amount (\$) 18.44 Reimbursement from political contributions intended	Payee add	deyer St	ر ج	ealy city;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Adver	(See Categories listed at the Categories liste	+	Description Copies	in, TX, officebolder living e	VACANTA	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candida	ate / Officeholder na	•	Office sought	24.3 A	Office held Wishin Co.	
V29 24	Payee nan	y News					
Amount (\$) Reimbursement from political contributions intended	Payee add	Fowlkes	54.	secy	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	e top of this schedule)	Description Ad in i	Paper		
	<u> </u>	check if travel outside of Texas			n, TX, officeholder living e		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder na	iall Co	Office sought	t.3 Lus	tin 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 Git/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 (retains the property listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	Terry D. Hall	3 Filer ID (Ethics Commission Filers)		
4 Date /10/24	Promethean Promoti	ons		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
3635.85	234 N. Atchison st.	Suite A. 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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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				
	Check if travel outside of Taxas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	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/Ol	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		
		D-11-13 AAIAFIOO		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

D. C. A A A A A A E IODOD

19 FILERNAME Terry D. Hall	20 Filer ID (Ethics Co	(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 CO	NTRIBUTIONS	\$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 FUI	NDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$3635,85	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$	