# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	lete this form.	1 Filer ID (Ethics Commis 00080376	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Casey R.			Date Received  ELECTRONICA	LLY FILED
	NICKNAME	LAST Hall		SUFFIX	02/05/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1411 Jefferson Street				Receipt #	Amount
Change of Address	Bowie, TX 76230				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mrs.	Joan				
	NICKNAME	LAST		SUFFIX		
		Cantwell				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	3084 FM 174	,		, ,		,
(Residence or Business)	Bowie, TX 76230					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (940) 841-1625	NE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after cam appointment (office	ipaign treasurer eholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	01/25/202	4	
10 ELECTION	ELECTION DATE  Month Day Year		rimon	ELECTION TYPE Runoff	Othor	
	03/05/2024		rimary		Other	
		∐ <sub>G</sub>	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	District Attorney (Multi-co	unty) District 97	Archer	District Attorney	(Multi-county) Dis	trict 97th
	•					
		<b>GO</b> Т	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Hall, Casey R. (The H	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the sholder's knowledge or tice of such expenditures.	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 400.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC		\$ 9,603.62	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 400.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 4,000.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hor	norable Casey R. Hal	I
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

			3	of 12				
18 FILER NAME Hall, Casey	18 FILER NAME Hall, Casey R. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00080376							
20 SCHEDULE S	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE							
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	400.00				
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X S	SCHEDULE E: LOANS		\$ 4,	,000.00				
5. X S	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS							
6. X S	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS							
7. X S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00				
8. X S	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			619.36				
9. X S	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			,734.26				
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$					
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12. S	\$							
			•					

MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
he Instru	ction Guide explains how to complete this t	orr	n.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/12
ILER NAME Iall, Casey				3	Filer ID (Ethics Commission Filers) 00080376
Pate 1/22/2024	5 Full name of contributor  out-of-state PAC (ID#:_Morris, Burk (Mr.)  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$) \$400.00
Principal occu	Archer City, TX 76351  Ipation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
Attorney	parent, our and (ese inducerency	ľ	Self	,	
- H	ILER NAME Iall, Casey rate 1/22/2024	ILER NAME  Iall, Casey R. (The Honorable)  Iate  5 Full name of contributor out-of-state PAC (ID#:_ 1/22/2024 Morris, Burk (Mr.)  6 Contributor address; City; State; Zip Code  Archer City, TX 76351  Trincipal occupation / Job title (See Instructions)	ILER NAME  Iall, Casey R. (The Honorable)  Iate  1/22/2024    S Full name of contributor	Itall, Casey R. (The Honorable)  Italiate  5 Full name of contributor out-of-state PAC (ID#:)  Morris, Burk (Mr.)  6 Contributor address; City; State; Zip Code  Archer City, TX 76351  Trincipal occupation / Job title (See Instructions)  9 Employer (See Instructions)	ILER NAME  Iall, Casey R. (The Honorable)  In the Honorable of Contributor out-of-state PAC (ID#:

PLE	OGED CONTRIBU	TIONS				SCHEDULE B
T	he Instruction Guide exp	plains how to compl	ete this form.	1	Total pages Sche Sch: 1/1 Rpt: 5	
2 FILER NA	AME sey R. (The Honorable)			3		hics Commission Filers)
1	OF UNITEMIZED PLEDO	GES			\$	0.00
5 Date	6 Full name of pledgor  7 Pledgor Address;	out-of-state PAC (ID#		) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
					Check if travel out	I I I I side of Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See Inst	tructi	ons)	

LOANS				SCHEDULE E
The Instruction	on Guide explains how to complete this f	orm.	l	ges Schedule E: 1 Rpt: 6/12
2 FILER NAME Hall, Casey R. (	(The Honorable)			(Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS			\$ 0.00
5 Date of loan 01/04/2024	7 Name of lender out-of-state PA Don, Hall (Mr.)	C (ID#:	)	9 Loan Amount (\$) \$4,000.00
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 0 11 Maturity Date
	Keller, TX 76248			01/04/2025
12 Principal occupati Regional Vice F	on / Job title (See Instructions) President	13 Employer (See Instructions Aramark	s)	
14 Description of Co  X None	llateral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
<b>20</b> Principal occupati	ion	21 Employer (See Instructions	5)	

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

sion Filers)

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **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

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

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	s Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 1/3 Rpt: 8/12	Hall, Casey R. (The	e Honorable)		00080376		
4	CREDIT CARD ISSUER		ncial institution al One	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	0.0	00
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$350.00	01/11/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Bowie News		PO Box 831			
Ļ		( ) 2 :		Bowie, TX 76230			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Political Calendar			
	X Political	Advertising Expense	•	Political Caleridal			
	Non-Political		of Texas. Complete Schedule T.		officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
е	xpenditure to benefit C/OH	(-) A	(h) Data at Obania	(-) D-+-(-) Out dit O- ad I	. D. H		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Political		,				
	Non-Political	(a) Chapte if traval autoida	of Toyon, Complete Cabadyla T				
H	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Office held		
e	xpenditure to benefit C/OH			o ooug	000 1.0.0		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Political						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
е	xpenditure to benefit C/OH						

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **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 Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)
Sch: 2/3 Rpt: 9/12	Hall, Casey R. (The Honorable)			00080376		
4 CREDIT CARD ISSUER		ncial institution sterCard	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	0.0	00
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$19.95	01/23/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	My Creative Shop		3003 32nd Ave S			
			Fargo, ND 58104			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ooian ooftware		
X Political	Design Software	,	Monthly subscription for d	esign sollware		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.				
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held		
expenditure to benefit C/OH			o ooug	000		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

## **EXPENDITURES MADE BY CREDIT CARD**

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

\$249.41 01/19/2024  7 PAYEE  (a) Payee name Rapid Wristbands  (b) Payee address; City, State, Zip Control 1056 Hercules Ave  Houston, TX 77058  8 PURPOSE OF EXPENDITURE X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Award:	erage Expense s/Memorials Expense rices	Polling Expense 1 Printing Expense 1	Travel in District  Travel Out of District  OTHER (enter a category		
Sch: 3/3 Rpt: 10/12 Hall, Casey R. (The Honorable)  4 CREDIT CARD ISSUER  Name of finacial institution Bank of America Visa  (a) Amount Charged \$249.41   01/19/2024  (b) Date of Charge (b) Payee address; City, State, Zip One Houston, TX 77058  8 PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule) Advertising Expense   (a) Candidate/Officeholder name   (b) Description   (c) Date(s) Credit Card Issuer Paid  (d) Date(s) Credit Card Issuer Paid  (d) Payee address; City, State, Zip One Houston, TX 77058  (e) Description   (a) Category (See Categories listed at the top of this schedule) Advertising Expense   (b) Description   (c) Cardidate/Officeholder name   (c) Candidate/Office Sought   (c) Check if Austin, TX, officeholder living expense   (c) Candidate/Officeholder name   (d) Category   (d) Categor			The Inst	ruction Guide explains	how to complete this form.			
A CREDIT CARD ISSUER  Name of financial institution Bank of America Visa  (a) Amount Charged \$249.41  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  7 PAYEE  (a) Payee name Rapid Wristbands  Rapid Wristbands  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Payee address; City, State, Zip of this schedule) Bracelets for Mardi Gras  (b) Description Bracelets for Mardi Gras  (c) Candidate/Officeholder name  Office sought  Office held	1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commission	n Filers)
Bank of America Visa    Same		Sch: 3/3 Rpt: 10/12	Hall, Casey R. (The	e Honorable)		00080376		
Bank of America Visa  CHARGED TO A CREDIT CARD  (a) Amount Charged \$249.41  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  7 PAYEE  (a) Payee name  Rapid Wristbands  (b) Payee address; City, State, Zip Condition Texas. Complete Schedule T.  (b) Payee address; City, State, Zip Condition Texas. Complete Schedule T.  (b) Payee address; City, State, Zip Condition Texas. Complete Schedule T.  (c) Check if travel outside of Texas. Complete Schedule T.  Charged To A CREDIT CARD  (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State, Zip Condition Texas. City State, Zip Co	4	CREDIT CARD	Name of final	ncial institution				
CARD  (a) Amount Charged \$249.41 O1/19/2024 (c) Date(s) Credit Card Issuer Paid  7 PAYEE (a) Payee name (b) Payee address; City, State, Zip On Payee Address (c) Payee Address		ISSUER	Bank of A	merica Visa			0.00	
\$249.41 01/19/2024  7 PAYEE  (a) Payee name Rapid Wristbands  (b) Payee address; City, State, Zip On 1056 Hercules Ave  Rapid Wristbands  Houston, TX 77058  8 PURPOSE OF EXPENDITURE See Categories listed at the top of this schedule) Advertising Expense  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Object if Austin, TX, officeholder living expense						`		
7 PAYEE  (a) Payee name Rapid Wristbands  (b) Payee address; City, State, Zip On 1056 Hercules Ave  Rapid Wristbands  Houston, TX 77058  8 PURPOSE OF EXPENDITURE See Categories listed at the top of this schedule) Advertising Expense  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
7 PAYEE  (a) Payee name Rapid Wristbands  (b) Payee address; City, State, Zip On 1056 Hercules Ave  Rapid Wristbands  Houston, TX 77058  8 PURPOSE OF EXPENDITURE See Categories listed at the top of this schedule) Advertising Expense  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			\$249.41	01/19/2024				
Rapid Wristbands    1056 Hercules Ave								
Rapid Wristbands  Houston, TX 77058  PURPOSE OF EXPENDITURE    See Categories listed at the top of this schedule) Advertising Expense    Non-Political   Column Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense    Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held	7	PAYEE	(a) Payee name		(b) Payee address;	City,	State, Z	Zip Code
B PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate/Officeholder name Office sought Office held			D. Marketon and		1056 Hercules Ave			
8 PURPOSE OF EXPENDITURE    X   Political     Non-Political     Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Candidate/Officeholder name   Office sought   Office held			Rapid Wristbands					
EXPENDITURE    See Categories listed at the top of this schedule)   Bracelets for Mardi Gras     Advertising Expense   Bracelets for Mardi Gras     Non-Political   (c)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense     Office sought   Office held								
Advertising Expense    X   Political	8			of this echodula)				
Non-Political  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			1	or this scriedule)	Bracelets for Mardi Gras			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
Sompleto Give in an oct		<b>—</b>			<u> </u>		pense	
expenditure to benefit C/OH			Candidate/Officeholder	name (	Office sought	Office held		
	e	xpenditure to benefit C/OH						

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Pol y - Gift/Awards/Memorials Expense Prir al Committee Legal Services Sal	ce Overhead/Rental Expense ling Expense nting Expense aries/Wages/Contract Labor	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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 1/2 Rpt: 11/12	Hall, Casey R. (The Honorable)		00080376		
4	Date 01/20/2024	5 Payee name				
		Archer County News				
6	Amount (\$) \$198.00	7 Payee address; City; State; Zi 104 E. Walnut	p Code			
	Reimbursement from political contributions intended	Archer City, TX 76351				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	) <b>(b)</b> Description	Check if travel outside of Texas. Complete Schedule T.		
	OF	Advertising Expense		Check if Austin, TX, officeholder living expense		
	EXPENDITURE	/ tarefulenting/period	Announcement A	_ .d		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
	Date	Payee name				
	01/01/2024	Go Daddy.com				
	Amount (\$)	Payee address; City; State; Zi	p Code			
	\$127.79 2155 E GoDaddy Way					
	X Reimbursement from political contributions intended	Tempe, AZ 85284				
	PURPOSE	Category (See Categories listed at the top of this schedule	) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense		
			Website Host / P	roduction		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
		<u></u>				
	Date	Payee name				
L	01/19/2024	Saint Jo Tribune				
	Amount (\$)	Payee address; City; State; Zi	p Code			
	\$75.00	PO Drawer 160				
	Reimbursement from political contributions intended	Saint JO, TX 76265				
	PURPOSE	Category (See Categories listed at the top of this schedule	) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense		
			Announcement A	.d		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 12/12 Hall, Casey R. (The Honorable) 00080376 Date Payee name 01/04/2024 Say Anything Designs Amount (\$) Payee address; State; Zip Code 1300 E. Wise Ste A \$3,139.38 Reimbursement from political contributions intended Х Bowie, TX 76230 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/01/2024 Vista Print Amount (\$) Payee address; City; State; Zip Code \$194.09 275 Wyman Street Reimbursement from political contributions Waltham, MA 02451 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Printing Expense EXPENDITURE Door Hangers** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH