CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commiss 00067980	sion Filers)	2 Total pages fil	ed: 60
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Robert L.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME			CUETIV	01/16/2024	
	Bob	LAST Hall		SUFFIX III	01/10/2024	
				III		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	728 Private Road 7005					
ADDRESS					Receipt #	Amount
Change of Address	Edgewood, TX 75117				Data Barrand	
					Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Michael F.		IVII		
NAME	IVII.	Michael F.				
				0115514		
	NICKNAME	LAST		SUFFIX		
	Mike	Slaton				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC		APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	305 Brookwood Forest Di	·				
(Residence or Business)						
	Sunnyvale, TX 75182					
7 CAMPAIGN	AREA CODE PHO		VTENCION			
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(214) 343-0642					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after car	mnaign treasurer
					appointment (office	
	July 15	8th day before		Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
			ı	eporting intiit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	T⊦	IROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		│ □G	eneral	Special		
				Ш		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Senator District 2			State Senator Di		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 50

13 C / OH NAME	Hall III, Robert L. (Th	e Honorable)	14 Filer ID (I 00067980	Ethics Commission Filers	3)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in d officeholders are required to report this information	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	TEE TYPE COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
				_		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.0)0	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 11,500.0)0	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.0)0	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 34,715.8	30	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 141,148.2	29	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.0)0	
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		The Hono	rable Robert L. Hall I	II		
		Signature of	Candidate or Officehold	der		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath		

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 50 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Hall III, Robert L. (The Honorable) 00067980 **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 11,500.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 34,715.80 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

10.

11.

12.

TO FILER

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MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/7 Rpt: 4/50		
2	FILER NAME Hall III, Robe	rt L. (The Honorable)		3	Filer ID (Ethics Commission 00067980	on Filers)	
4	Date 07/01/2023			7	Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75357					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:_Barekman, Cheryl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
		EULESS, TX 76039					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 07/01/2023				Amount of Contribution (\$)	\$100.00	
		Temple, TX 76504					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID#: Coats Rose PAC Contributor address; City; State; Zip Code Houston, TX 77046			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)			
	Date 07/01/2023				Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
			1				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/50		
2	FILER NAME Hall III, Robe	ert L. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00067980		
4	Date 10/16/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$5,000.00		
•	Principal occu	Willow Park, TX 76087	Employer (See Instructions	·/			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	»)			
	Date 08/03/2023	Full name of contributor out-of-state PAC (ID#:_ Duke, Thomas Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00		
		Canton, TX 75103					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Liberty Mutual Insurance		Company		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$50.00		
		Tyler, TX 75703					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2023 Frayne, Lidia Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.00			
Spicewood, TX 78669 Principal occupation / Job title (See Instructions) Management Employer (See Dell			Employer (See Instructions	<u>I</u> 5)			
	Date 07/20/2023				Amount of Contribution (\$) \$25.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/50			
2	FILER NAME Hall III, Robe	rt L. (The Honorable)		3	Filer ID (Ethics Commission 00067980	n Filers)	
4	Date 07/02/2023			7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)	Employer (See Instructions	()			
	· ····o.pa. ooca			,			
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2023 Hatton, Jaylyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Edgewood, TX 75117					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/03/2023 Hill, Howard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
		San Angelo, TX 76904-8097					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/02/2023 Hollowell, Paul Contributor address; City; State; Zip Code Venice, FL 34285			Amount of Contribution (\$)	\$250.00		
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2023 Illyes, Richard Contributor address; City; State; Zip Code Alvin, TX 77511			Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/50			
2	FILER NAME Hall III, Robe	ert L. (The Honorable)				3	Filer ID (Ethics Commission 00067980	n Filers)
4	Date 07/02/2023	5 Full name of contributor JAMES, ROBERT6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu General Mar	Canton, TX 75103 pation / Job title (See Instruction nager	5)	9	Employer (See Instructions Hideaway Lake	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/07/2023 Laughlin, Grant Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
	Principal occu	Dallas, TX 75251 pation / Job title (See Instruction	s)		Employer (See Instructions	<u> </u> s)		
	Date 07/01/2023	Full name of contributor out-of-state PAC (ID#:) Lidia, Frayne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Principal occu	Spicewood, TX 78669 pation / Job title (See Instruction	5)		Employer (See Instructions	<u> </u> s)		
	Managemen	t			Dell			
Date Full name of contributor out-of-state PAC (ID#:) 07/01/2023 Lubbers, Rowell W Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00				
	Principal occu	Richardson, TX 75081 pation / Job title (See Instruction	s)		Employer (See Instructions	<u> </u> s)		
	Date 07/01/2023				Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	<u>(</u> S)		
			-					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/50	
2	FILER NAME Hall III, Robe	ert L. (The Honorable)			3	Filer ID (Ethics Commission 00067980	n Filers)
4	Date 07/02/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$50.00	
_	<u> </u>	Cisco, TX 76437			<u></u>		
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/03/2023 Moore, Craig Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu	Houston, TX 77042 pation / Job title (See Instruction	2)	Employer (See Instructions	z)		
	r inicipal occu	pation 7 300 title (See instruction	5)	Employer (See instructions))		
	Date 07/02/2023			•	Amount of Contribution (\$)	\$250.00	
		Venice, FL 34285					
	Principal occu retired	pation / Job title (See Instruction	5)	Employer (See Instructions retired	S)		
Date Full name of contributor out-of-state PAC (ID#:) 07/01/2023 Perkins, Tillie Contributor address; City; State; Zip Code Mesquite, TX 75149		•	Amount of Contribution (\$)	\$50.00			
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>1</u> S)		
	Date 08/06/2023				Amount of Contribution (\$)	\$250.00	
	Principal occu retired	pation / Job title (See Instruction	5)	Employer (See Instructions retired	S)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/50	
2	FILER NAME Hall III, Robe	ert L. (The Honorable)		3	Filer ID (Ethics Commission 00067980	n Filers)
4	Date 07/02/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$100.00
		Canton, TX 75103				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions Hideaway Lake	s)		
	Date 07/02/2023	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$500.00
	Principal occu	Edgewood, TX 75117 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	retired		retired			
	Date Full name of contributor out-of-state PAC (ID#:) 07/02/2023 Ready, Robert Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Grand Saline, TX 75140				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/07/2023	Full name of contributor out-of-state PAC (ID#: Richter, Mike & Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
MESQUITE, TX 75150-4996 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions	<u> </u>		
	Date 07/01/2023	Full name of contributor out-of-state PAC (ID#: Smith, Angela Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions	 - s)		

MONI	ETARY POLITICAL CONTRIBUTIO	NS	S	CHEDULE A1
The Ins	ruction Guide explains how to complete this fo	1 Total pages Sche Sch: 7/7 Rpt: 10		
2 FILER NA Hall III, F	ME obert L. (The Honorable)		3 Filer ID (Ethics 00067980	
4 Date 07/03/20			7 Amount of Contril	s25.00 \$25.00
9 Principal	Canton, TX 75103 ccupation / Job title (See Instructions)	9 Employer (See Instructions		
• Principal C	ccupation / Job title (See instructions)	Employer (See Instructions	5)	
Date 12/06/20	Full name of contributor out-of-state PAC (ID#:_23 WALPAC Contributor address; City; State; Zip Code		Amount of Contrib	\$1,500.00
	Bentonville, AR 72716			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
Date 07/14/20	Full name of contributor out-of-state PAC (ID#:23 Whitt, Maggie Contributor address; City; State; Zip Code		Amount of Contrit	s100.00
Principal (Murphy, TX 75094 ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/40 Rpt: 11/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	09/29/2023	1800 Flowers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.88	7117 Blanco Rd
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bereavement Gift
		Dereuvement ont
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/20/2023	1800 Flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$166.67	7117 Blanco Rd
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bereavement Gift
		25.56.75.110.11.0.11
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/07/2023	24 Hour Dinner
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.28	600 N Lamar Blvd
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	_,, _,,,,,,	Check if Austin, TX, officeholder living expense Senator Breakfast
		Seriator Dieakiast
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/40 Rpt: 12/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	08/02/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.86	PO Box 81226
		Seattle, TX 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Capitol Office Paper Goods
		Capitol Office Laper Goods
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	the state of the s
⊨		
	Date	Payee name
	08/25/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.58	PO Box 81226
		Seattle, TX 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Committee Office Supplies and Paper Goods
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
⊨		
	Date	Payee name
	10/17/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	PO Box 81226
		Seattle, TX 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Office Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/40 Rpt: 13/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	11/08/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.69	PO Box 81226
		Seattle, TX 98108
8	PURPOSE	
U	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/08/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	PO Box 81226
		Seattle, TX 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Senate Christmas Gift Cards
	Commission ONII V if disposit	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/18/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.97	PO Box 81226
		Seattle, TX 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 4/40 Rpt: 14/50	Hall III, Robert L. (The Honorable)						
4	Date	Payee name						
	09/26/2023	American Legion Post 117						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	609 S. Goliad #821						
		Rockwall, TX 75087						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Event Sponsor						
		· ·						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
_	Date	Payee name						
	07/31/2023	Arrow King Storage						
	Amount (\$) \$60.00	Payee address; City; State; Zip Code 13432 FM 859						
\$60.00 13432 FM 859								
		West Point, TX 75169						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Campaign Item Storage						
		Campaign tem Storage						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·						
_	D-4-							
	Date	Payee name						
	08/30/2023	Arrow King Storage						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$60.00	13432 FM 859						
		West Point, TX 75169						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Campaign Item Storage						
		Campaign tem clorage						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/40 Rpt: 15/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	10/02/2023	Arrow King Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	13432 FM 859
		West Point, TX 75169
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Item Storage
		Campaign tem Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	10/30/2023	Arrow King Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	13432 FM 859
		West Point, TX 75169
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Item Storage
		Campaign item Storage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	11/30/2023	Arrow King Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	13432 FM 859
		West Point, TX 75169
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Item Storage
		Campaign item Storage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal S	ards/Memoria Services			Salarie	-	se s/Contract Labor ete this form.		Travel Out of E OTHER (enter	histrict a category not l	isted above)
1	Total pages Schedule F1:	2	FII FR NAME	=							3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 6/40 Rpt: 16/50	-	Hall III, Rob		(The Ho	norable	e)					00067980	(======================================	,
4	Date	5	Payee name								_			
	10/30/2023		Barrett, Kei											
6	Amount (\$)	7	Payee addre	SS;	City;		State;	Zip (Code					
	\$150.00		3169 CR 25	508										
			Caddo Mills	s, TX	75135									
8	PURPOSE	(a)	Category (S	ee Cated	pories listed a	t the top of	f this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution					,		_	outs	side of Texas. Co	mplete Schedule	е Т.
	EXPENDITORE		Candidate/	Office	holder/Po	olitical (Commi	ittee		\Box		, officeholder livi	ng expense	
										Sponsor Eve	ent			
9	Complete ONLY if direct		Candidate/Off	iceholo	der name		0	ffice s	ought			Office h	neld	
	expenditure to benefit C/O	Н												
	Date		Payee name											
	07/17/2023		Brittex Bubl	bles L	.LC									
	Amount (\$)	H	Payee addre	SS;	City;		State;	Zip (Code					
	\$225.00		PO Box 606	ŝ	-			·						
			Greenville,	TV 75	2403									
	D. I.D. D. G. E.	ļ.,							la v					
	PURPOSE OF	(a)	Category (S					edule)	(b)	Description	Lauta	ide of Toyon Co	malata Cabadul	. .
	EXPENDITURE		Office Over	head/	'Rental E	xpense)			—		side of Texas. Co X, officeholder livi		÷ 1.
										District Office			.9	
												J		
	Complete ONLY if direct		Candidate/Offi	iceholo	der name		0	ffice s	ought			Office I	neld	
	expenditure to benefit C/OI	Н												
	Date	Π	Payee name											
	12/18/2023		Candlewoo	d Suit	es									
	Amount (\$)	┢	Payee addre		City;		State;	Zin (^ode					
	\$249.92		110 Longvi		-		olale,	Zip (Jouc					
	Ψ243.32		TTO LONGVI											
			NATIONAL TO	, 707	20									
			Midland, T	(7976	50									
	PURPOSE OF	(a)	Category (S			t the top of	f this sche	edule)	(b)	Description				
	EXPENDITURE		Travel Out	of Dis	trict					_		side of Texas. Co K, officeholder livi		e T.
										Out of Distric			ig expense	
										Jul OI DISHIN	<i>.</i> .	y		
	Complete ONLY if direct	Ц,	Candidate/Offi	iceholo	der name		0	ffice s	ought			Office h	neld	
	expenditure to benefit C/O		Januruatt/UIII	CHIUIC	aci name		U	THICE S	ougill			Office I	iciu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/40 Rpt: 17/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	09/21/2023	Canton Rotary Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 1354
		Canton, TX 75103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Avertin TV officeholder living greeners
		Candidate/Officeholder/Political Committee
		Sportsorship for event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
⊨	Date	Davida marra
	08/02/2023	Payee name Canton Texas Chamber of Commerce
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	1040 S Trade Days Blvd
		Canton, TX 75103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Sponsor Ticket
		Event Sponsor nexet
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payso nama
	10/05/2023	Payee name Canton Texas Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.00	1040 S Trade Days Blvd
		Canton, TX 75103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Sponsor Ticket
		Event openior Hotel
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 8/40 Rpt: 18/50	Hall III, Robert L. (The Honorable) 00067980							
4	Date	Payee name							
	11/07/2023	Canton Texas Chamber of Commerce							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$15.00	1040 S Trade Days Blvd							
		Canton, TX 75103							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Event Sponsor Ticket							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	07/11/2023	City of Austin							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$74.30	P.O. Box 2267							
	4	. 18. 28. <u>28. 2</u> 8.							
		Austin, TX 78783							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Rental Expense							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	08/08/2023	City of Austin							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$67.93	P.O. Box 2267							
	Ψ01.93	F.O. Box 2201							
		Austin, TX 78783							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Rental Expense							
		Nentai Expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 9/40 Rpt: 19/50	Hall III, Robert L. (The Honorable) 00067980
4	Date 09/14/2023	5 Payee name City of Austin
6	Amount (\$) \$55.64	7 Payee address; City; State; Zip Code P.O. Box 2267
		Austin, TX 78783
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2023	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.35	P.O. Box 2267
		Austin, TX 78783
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental Expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/07/2023	City of Austin
	Amount (\$) \$37.43	Payee address; City; State; Zip Code P.O. Box 2267
		Austin, TX 78783
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental Expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/40 Rpt: 20/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	12/08/2023	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.66	P.O. Box 2267
	, , , , ,	
		Austin, TX 78783
Ļ	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/02/2023	Corsicana Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	120 N 12th St
	7-2	
		Corsicana, TX 75110
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/06/2023	Cotton Patch Caf
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.73	1700 E Palm Valley Blvd
		Round Rock, TX 78664
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food with Staff
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 11/40 Rpt: 21/50	2 FILER NAME Hall III, Robert L. (The Honorable) 3 Filer ID (Ethics Commission F 00067980	Filers)
4	Date 10/13/2023	5 Payee name Door Dash Delivery	
6	Amount (\$) \$323.74	7 Payee address; City; State; Zip Code 801 Barton Springs, 7th Floor	
		Austin, TX 78704	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol Staff Lunch	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 07/07/2023	Payee name Dropbox	
	Amount (\$) \$34.10	Payee address; City; State; Zip Code 501 Congress Ave Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 08/07/2023	Payee name Dropbox	
	Amount (\$) \$34.10	Payee address; City; State; Zip Code 501 Congress Ave	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/40 Rpt: 22/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	09/07/2023	Dropbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.10	501 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Cubscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	10/10/2023	Dropbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.10	501 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/08/2023	Dropbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.10	501 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Subscription
	Computate ONU V & diver	Condidate (Office helder name)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/40 Rpt: 23/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	12/07/2023	Dropbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.10	501 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	08/02/2023	Ennis Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	207 NW Main
		Ennis, TX 75119
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Sponsor Ticket
		Event Sponsor Hoket
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
-	Date	Davisa nama
	10/05/2023	Payee name Ennis Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code 207 NW Main
	\$20.00	207 NVV Maiii
		E TV 75440
		Ennis, TX 75119
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Sponsor Ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/40 Rpt: 24/50	Hall III, Robert L. (The Honorable)		00067980
4	Date	5 Payee name		
	12/07/2023	Ennis Chamber of Commerce		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$175.00	207 NW Main		
		Ennis, TX 75119		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Event Sponsor Ticket
				Event opensor Floret
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
3	expenditure to benefit C/O		grit	Office field
_	Data			
	Date	Payee name		
	08/01/2023	Epoch Times News		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1.00	229 West 28th St., Floor 7		
		New York, NY 10001		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	Complete ONLY if direct expenditure to benefit C/OI		gni	Office rield
	Date	Payee name		
	09/05/2023	Epoch Times News		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1.00	229 West 28th St., Floor 7		
		New York, NY 10001		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LXFENDITORE			Check if Austin, TX, officeholder living expense
				Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	experialitate to beliefit 6/01	<u>'</u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide ex	OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAM	ΙΕ				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 15/40 Rpt: 25/50		bert L. (The Honorable	e)				00067980		
4	Date	5 Payee name	е							
	09/05/2023	Epoch Tim	ies News							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$1.00	229 West	28th St., Floor 7							
		New York,	NY 10001							
8	PURPOSE OF		See Categories listed at the top of		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expense			=		de of Texas. Com , officeholder living	plete Schedule T.	
						Subscription	, 17	onicendidei iiving	у схренае	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	<u>l</u> ught			Office he	eld	
F	Date	Payee nam								
	11/01/2023	Epoch Tim								
┝	Amount (\$)	Payee addr		State; Zip Co	nde					
	\$1.00	l 1	28th St., Floor 7	Otato, Zip Ot	ouc					
	Ψ1.00	229 West	2011 31., 11001 7							
		New York,	NY 10001							
	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				—			plete Schedule T.	
						Subscription	, IX	officeholder living	g expense	
						Subscription				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	
F	Date	Payee nam	Δ							
	12/01/2023	Epoch Tim								
	Amount (\$)	Payee addr		State; Zip Co	odo					
	\$1.00		28th St., Floor 7	State, Zip Ct	bue					
	Ψ1.00	229 West	2011 31., 11001 7							
		New York,	NY 10001		_					
	PURPOSE OF	(a) Category (See Categories listed at the top of	this schedule)	(b)	Description				
l	EXPENDITURE	Fees							plete Schedule T.	
						Subscription	, IX	officeholder living	j expense	
						Subscription				
⊢	Complete ONLY if direct	Candidata/Ot	ficabolder name	Office	labt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	agril			Office he	ziu	
dash										
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/40 Rpt: 26/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	12/29/2023	Epoch Times News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.00	229 West 28th St., Floor 7
		New York, NY 10001
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	07/31/2023	Fair Park Bible Fellowship Movie Event
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.70	1321 Rowan Ave
		Dallas, TX 75223
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Movie Ticket
		MOVIC FICKET
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/31/2023	Fair Park Bible Fellowship Movie Event
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.70	1321 Rowan Ave
		Dallas, TX 75223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Movie Ticket
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/40 Rpt: 27/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	07/31/2023	Fair Park Bible Fellowship Movie Event
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.00	1321 Rowan Ave
		Dallas, TX 75223
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Movie Ticket
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/31/2023	Fair Park Bible Fellowship Movie Event
		·
	Amount (\$) \$23.00	Payee address; City; State; Zip Code 1321 Rowan Ave
	\$23.00	1321 ROWAII AVE
		Dallas, TX 75223
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Movie Ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	12/26/2023	Flowers Etc.
	Amount (\$) \$354.63	Payee address; City; State; Zip Code 1200 S Trade Days
	φ354.03	1200 3 Hade Days
		O TV 75400
		Canton, TX 75103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas Gift Flowers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/40 Rpt: 28/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	12/04/2023	Gables Park
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,926.56	115 Sandra Muraida Way
L		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental Expense
		Trontal Exponso
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/17/2023	Going Ballistic
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	18034 Nelson Loop
		Streetman, TX 75859
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Sponsor
		Liverit Operiodi
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/12/2023	Grassroots We the People
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.60	PO Box 130012
		Tyler, TX 75713
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Event Ticket
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/40 Rpt: 29/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	11/08/2023	HEB Curbside
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$274.45	5401 Farm to Market 1626
		Kyle, TX 78640
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Perishable Office Restock
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/Or	
	Date	Payee name
	10/03/2023	Hope Pregnancy Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	885 TX-243
		Canton, TX 75103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/07/2023	Identogo TSA Precheck
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	PO Box 1509
		Vero Beach, FL 32961
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TSA Precheck Travel Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter	a category not listed	d above)
	Credit Card Payment			The Instruction (Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 20/40 Rpt: 30/50		Hall III, Robe	ert L. (The Hor	norable)					00067980		
4	Date	5	Payee name									
	10/31/2023		InfraGard									
6	Amount (\$)	7	Payee addres	s; City;	Stat	e; Zip Co	de					
	\$10.00		1701 Penns	ylvania Avenu	e,							
			Washington	DC 20006								
8	PURPOSE	⊢					(h)	Description				
ľ	OF	(")	Event Exper	e Categories listed at	the top of this s	chedule)	(5)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Lvent Lxper	130				=		officeholder livir	•	
								Event Ticket				
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/31/2023		InfraGard									
	Amount (\$)		Payee addres	s; City;	Stat	e; Zip Co	de					
	\$10.00		1701 Penns	ylvania Avenu	e,							
			Washington	DC 20006								
	PURPOSE	├		e Categories listed at	the ten of this s	obodulo)	(b)	Description				
	OF	 `´	Event Exper		the top of this s	crieduic)	` ´		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livir	ng expense	
								Event Ticket				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name		Office sou	ght			Office h	neld	
	experialitare to benefit 6/01											
	Date		Payee name									
	09/11/2023		Kaufman Co	GOP Club								
	Amount (\$)		Payee addres	s; City;	Stat	e; Zip Co	de					
	\$1,000.00		10511 FM 4	29								
			Kaufman, T	X 75142								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	lade By						mplete Schedule T.	
	EXI ENDITORE		Candidate/C	officeholder/Po	litical Com	mittee				officeholder livir	ng expense	
								Sponsorship	ior	event		
_	Complete ONII V if allows:	بــــــــــــــــــــــــــــــــــــــ	Condidate /Off	obolder e		Office	ماحد			O#:!	and	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eriolaer name		Office sou	gnt			Office h	ieia	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense
Fees
Foot/Beverage Expense
Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			es	Salaries/W		e /Contract Labor		OTHER (enter a	category not listed a	bove)
	Credit Card Payment		The Instru	ction Guide explains	how to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 21/40 Rpt: 31/50		Hall III, Robert L. (Th	ie Honorable)					00067980		
4	Date	5	Payee name								
	10/10/2023		Kaufman County GC)P							
6	Amount (\$)	7	Payee address; Ci	v. State	e; Zip Co	de					
Ĭ	\$290.00	ı	10511 FM 429	.y, Ciaic	o, 2.p 00	uo					
	4200.00										
		Ι,	Zoufman TV 75140								
		⊢	Kaufman, TX 75142								
8	PURPOSE OF		Category (See Categories	listed at the top of this sc	hedule)	(b)	Description		df.T O	alaka Cabadala T	
	EXPENDITURE		Event Expense				므		de of Texas. Com officeholder living		
							Auction Item				
9	Complete ONLY if direct	С	andidate/Officeholder r	name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н				•					
	Date		Payee name								
	10/06/2023	ı	Kaufman Lions								
	Amount (\$)	-	Payee address; Cir	v. State	e; Zip Co	de					
	\$100.00	ı	PO Box 128	.y, ciaic	o, 2.p 00	uo					
	\$200.00	'	0 Box 120								
			Kaufman, TX 75142								
	DUDDOGE	-				(I-)					
	PURPOSE OF		Category (See Categories		hedule)	(a)	Description Check if travel of	nutei	de of Teyas Com	plete Schedule T.	
	EXPENDITURE		Contributions/Donati Candidate/Officehold		nittee		-		officeholder living		
							Sponsoring E	vei	nt		
	Complete ONLY if direct		andidate/Officeholder r	name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	09/14/2023		Kerbey Lane								
	Amount (\$)		Payee address; Ci	ty; State	e; Zip Co	de					
	\$96.22	;	3003 S Lamar Blvd								
		,	Austin, TX 78704								
	PURPOSE	(a)	Category (See Categories	listed at the top of this so	hedule)	(b)	Description				
	OF		Food/Beverage Expe					outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE								officeholder living	expense	
							Senator Breal	kfa	st		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder r	name	Office sou	ght			Office he	eld	
	experience to belieff 6/01										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 22/40 Rpt: 32/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
l	10/12/2023	Kiwanis Club Rockwall
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	PO Box 903
l		
l		Rockwall, TX 75087
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Event Ticket
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/61	
l	Date	Payee name
	10/20/2023	Logotech
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,020.00	1031 E High Street
l		
		Mundelein, IL 60060
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
l	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Pen Order
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
l	Date 07/28/2023	Payee name Mailebimp
L		Mailchimp
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$255.84	675 Ponce de Leon Ave NE
l		
		Atlanta, GA 30308
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Email Hosting Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1: Sch: 23/40 Rpt: 33/50	2 FILER NAME Hall III, Robert L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067980	
4	Date	5 Payee name	\neg
	08/28/2023	Mailchimp	
6	Amount (\$) \$255.84	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE	
_		Atlanta, GA 30308	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Hosting Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/29/2023	Mailchimp	
	Amount (\$) \$255.84	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Email Hosting Fee	
		Linai Hosting Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/30/2023	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	Ī
	\$255.84	675 Ponce de Leon Ave NE	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Email Hosting Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/40 Rpt: 34/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	11/28/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$255.84	675 Ponce de Leon Ave NE
		Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Hosting Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/28/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$294.22	675 Ponce de Leon Ave NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Hosting Fee
		Linui riosting rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/11/2023	Mesquite Republican Women's Club
	Amount (\$) \$84.00	Payee address; City; State; Zip Code PO Box 851464
	Φ04.00	PO 60X 651404
		Marwita TV 75105
		Mesquite, TX 75185
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/40 Rpt: 35/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	09/22/2023	Navarro GOP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	111 W 3rd Ave suite b
		Corsicana, TX 75110
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Sponsor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	10/02/2023	Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.63	2663 Market Center Dr
		Rockwall, TX 75032
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
		- THE
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
H	Date	Payee name
	08/02/2023	Pro Imprint
L		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	
	\$875.03	720 Industrial Park Ave,
		Asheboro, NC 27205
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Pen Order
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefft C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 26/40 Rpt: 36/50	2 FILER NAME Hall III, Robert L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067980	_
4	Date 08/02/2023	5 Payee name Pro Imprint	
6	Amount (\$) \$427.59	7 Payee address; City; State; Zip Code 720 Industrial Park Ave, Asheboro, NC 27205	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pen Order	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 12/31/2023	Payee name Raise the Money	
	Amount (\$) \$183.12	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Onlinen Donation Fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 11/22/2023	Payee name Rockfish Grill	
	Amount (\$) \$43.71	Payee address; City; State; Zip Code 7639 Campbell Rd	
		Dallas, TX 75248	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch with Constituents	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/40 Rpt: 37/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	09/21/2023	Rockwall County Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	697 E Interstate 30 STE 200
L		Rockwall, TX 75087
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Ticket
		Living Florida
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	10/11/2023	Rockwall County Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	697 E Interstate 30 STE 200
		Rockwall, TX 75087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Ticket
		EVEILLICKEL
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name Rockwall GOP
	08/01/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	112 Kenway St
		Rockwall, TX 75087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Sponsor Ticket
		Event Sponsor Heket
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete thi	s form.
1	Total pages Schedule F1: Sch: 28/40 Rpt: 38/50	2 FILER NAME Hall III, Robert L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067980
4	Date 08/21/2023	5 Payee name Rockwall GOP	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 112 Kenway St Rockwall, TX 75087	
8	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nt Sponsor Ticket
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 11/22/2023	Payee name Rockwall GOP	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 112 Kenway St Rockwall, TX 75087	
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nt Sponsor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 12/12/2023	Payee name Rockwall GOP	
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 112 Kenway St	
		Rockwall, TX 75087	
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nt Sponsor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 29/40 Rpt: 39/50	2 FILER NAME Hall III, Robert L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067980	
4	Date 10/17/2023	5 Payee name Royse City Chamber of Commerce	
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 141 W Main St Royse, TX 75189	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 10/03/2023	Payee name Ruston Cattle	
	Amount (\$) \$150.57	Payee address; City; State; Zip Code 3701 I-45 Ennis, TX 75119	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner with Constituents	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date 11/03/2023	Payee name Senate Support Services	
	Amount (\$) \$40.00	Payee address; City; State; Zip Code P.O. Box 12068	
		Austin, TX 78711	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Senate Gavel	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/40 Rpt: 40/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	11/08/2023	Signature Pins
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$320.76	4301 Metric Drive
		Winter Park, FL 32792
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Alamo Letter Society Signature Pins
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/01/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$433.81	2702 Love Field Drive
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Out of District Flight
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/25/2023	Supporting the Eugene Ralph Family
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,150.00	8 The Grn Ste A
		Dover, DE 19901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bereavement Gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Serv		Salarie	s/Wage	es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	oove)
				ruction Guide (explains how to	comp	iete this form.	_			
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 31/40 Rpt: 41/50	Hall	III, Robert L. (1	he Honorab	le)				00067980		
4	Date	5 Paye	e name								
	11/16/2023	TDC	J								
6	Amount (\$)	7 Paye	e address;	City;	State; Zip	Code					
	\$5,925.83	8712	Shoal Creek l	3lvd #290							
		Aust	in, TX 78757								
8	PURPOSE	(a) Cate	Ory (See Categori	es listed at the top	of this schedule)	(b)) Description				
	OF EXPENDITURE		ributions/Dona							plete Schedule T.	
		Can	didate/Officeho	lder/Political	l Committee		ш.		, officeholder living	g expense	
							Auction Items	S			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candid	late/Officeholder	name	Office s	ought	t		Office he	eld	
	oxperialitate to beliefit 6/01										
	Date	Paye	e name								
	09/25/2023	Texa	s Capitol Gifts	hop							
	Amount (\$)	Paye	e address;	City;	State; Zip	Code					
	\$101.76	1100	Congress Ave	9							
		Aust	in, TX 78701								
	PURPOSE	(a) Cate	gory (See Categori	es listed at the top	of this schedule)	(b)) Description				
	OF EXPENDITURE		ributions/Dona				=			plete Schedule T.	
		Can	didate/Officeho	lder/Political	l Committee		ш		, officeholder living	g expense	
							Auction Item				
_	Operation ONE V. C. P.	0- "	1-+-10#: 1 1:		0"	1			0	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI	Candid	late/Officeholder	name	Office s	ought	I		Office he	eia	
	Date	•	e name								
	10/19/2023	Texa	s Capitol Gifts	nop							
	Amount (\$)	•		City;	State; Zip	Code					
	\$972.68	1100	Congress Ave	9							
		Aust	in, TX 78701					_			
	PURPOSE	(a) Cate	gory (See Categori	es listed at the top	of this schedule)	(b)) Description				
	OF EXPENDITURE		ributions/Dona							plete Schedule T.	
	ZA LADITONE	Can	didate/Officeho	lder/Politica	Committee		ш		, officeholder living	g expense	
							Auction Item				
	Complete ONLY if alias -t	Cond!	loto/Office balde	nomo	O#: ac -		<u> </u>		Office	old	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candid	late/Officeholder	патте	Office s	bught	L		Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wage The Instruction Guide explains how to compl	of OTHER (enter a category not listed above) ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 32/40 Rpt: 42/50	Hall III, Robert L. (The Honorable)	00067980
4	Date	5 Payee name	
	11/14/2023	Texas Capitol Giftshop	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$668.44	1100 Congress Ave	
L		Austin, TX 78701	
8	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Onicenolder/Folitical Committee	Auction Item
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	08/28/2023	Texas Chili Parlor	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$103.68	1409 Lavaca St	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Capitol Hall Staff Lunch
			Capitor Flair Ctair Eurion
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	56
⊨	Date	Davisa nama	
	11/21/2023	Payee name Texas Scorecard	
┡			
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code	
	\$1,000.00	1501 Leander Dr Bldg B	
L		Leander, TX 78641	
	PURPOSE OF		Description
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Event Sponsor
			•
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
-			
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	(a			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 33/40 Rpt: 43/50	Hall III, Robert L. (The Honorable)	00067980			
4	Date	5 Payee name	1			
	12/05/2023	Texas Senate				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,113.00	1100 Congress Ave				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense	vel outside of Texas. Complete Schedule T.			
	-	Flag Order	stin, TX, officeholder living expense			
		That State				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI					
_	Date	Payee name				
	12/05/2023	Texas Senate				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,750.00	1100 Congress Ave				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense	vel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Calendars	stin, TX, officeholder living expense			
		Calefluais				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI					
	Date	Payee name				
	11/01/2023	The New American				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$99.00	700 N Westhill Blvd				
		Appleton, WI 54914				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if trav	vel outside of Texas. Complete Schedule T.			
	EXI ENDITORE		stin, TX, officeholder living expense			
		Subscriptio	11			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI		Office field			
H						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 34/40 Rpt: 44/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	08/10/2023	The Texan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	1011 San Jacinto Blvd. Suite 315
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/26/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.00	1001 W Dallas St
		Canton, TX 75103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PO Box Renewal Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/30/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.00	1001 W Dallas St
		Canton, TX 75103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 35/40 Rpt: 45/50	Hall III, Robert L. (The Honorable) 00067980					
4	Date	5 Payee name					
	12/19/2023	USPS					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$66.00	1001 W Dallas St					
		Canton, TX 75103					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Postage					
		1 Ostage					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/OI						
	Date	Payee name					
	12/19/2023	USPS					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$24.35	1001 W Dallas St					
	Ψ24.55	1001 W Danas St					
		Canton, TX 75103					
	DUDDOGE						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense					
		Postage Postage					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	10/18/2023	VZ County Republicans					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$521.15	PO Box 1501					
		Van, TX 75790					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	-	Check if Austin, TX, officeholder living expense Event Ticket					
		LVCIII HOREL					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
-	Total pages Schedule F1:	<u> </u>			
1	Sch: 36/40 Rpt: 46/50	2 FILER NAME Hall III, Robert L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067980			
4	Date	5 Payee name			
	07/03/2023	Vici Media			
6	Amount (\$) \$38.23	7 Payee address; City; State; Zip Code 5101 Bonneville Bend			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Austin, TX 78744			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Web Hosting			
L					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	07/10/2023	Vici Media			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$40.03	5101 Bonneville Bend			
	,				
		Austin, TX 78744			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Website Edits			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	08/01/2023	Vici Media			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$38.23	5101 Bonneville Bend			
		Austin, TX 78744			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense			
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense			
		Web Hosting			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1: Sch: 37/40 Rpt: 47/50	FILER NAME Hall III, Robert L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067980
4	Date 09/27/2023	5 Payee name Vici Media		·
6	Amount (\$) \$72.64	7 Payee address; City; State; Zip Co 5101 Bonneville Bend Austin, TX 78744	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Update
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
	Date 08/01/2023	Payee name Vici Media		
	Amount (\$) \$38.23	Payee address; City; State; Zip Co 5101 Bonneville Bend Austin, TX 78744	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Hosting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	Date 10/03/2023	Payee name Vici Media		
	Amount (\$) \$224.18	Payee address; City; State; Zip Co 5101 Bonneville Bend	ode	
		Austin, TX 78744		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Update
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/40 Rpt: 48/50	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	10/30/2023	Vici Media
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$240.19	5101 Bonneville Bend
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website Update
		Woodle Opaulo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/07/2023	Vici Media
H	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	5101 Bonneville Bend
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Hosting Fee
		Email Hosaing Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/02/2023	Vici Media
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.82	5101 Bonneville Bend
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email Hosting Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
ı		

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Comi	mittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 39/40 Rpt: 49/50	L	Hall III, Rob	ert L. (The Hono	rable)					00067980		
4	Date	5 F	Payee name									
	12/01/2023	\	/ici Media									
6	Amount (\$)	7 F	Payee addres	s; City;	State;	Zip Co	ode					
	\$38.23	[5101 Bonne	ville Bend								
		/	Austin, TX 7	8744								
8	PURPOSE	(a) (Category (Se	e Categories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE Advertising Expense				- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	,		Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE							—	, TX,	officeholder living	g expense	
								Web Hosting				
_	Complete ONLY if direct		andidata/Offic	oholder nama		office as:	labt			Office	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name		office sou	agrit			Office he	eiu	
	Date	F	Payee name									
	07/24/2023	\	Valmart									
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	ode					
	\$161.50	6	603 TX-243									
		(Canton, TX	75103								
	PURPOSE	(a) (Category (Se	e Categories listed at the	e top of this sche	edule)	(b)	Description				_
OF EXPENDITURE		Office Overhead/Rental Expense						□	ck if travel outside of Texas. Complete Schedule T.			
							Check if Austin, TX, officeholder living expense District Office Papergoods Stockup					
								DISTRICT OTRICE	: Pâ	apergoods S	ыскир	
	Complete ONLY if direct		andidata/Off:	oholder name		office com	lah+			Office	old	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
	Dete	<u> </u>										_
	Date	l	Payee name									
	08/07/2023		<i>N</i> almart									
	Amount (\$)	l	Payee addres	s; City;	State;	Zip Co	ode					
	\$116.72	6	603 TX-243									
		(Canton, TX	75103								
	PURPOSE OF			e Categories listed at the		edule)	(b)	Description				
	EXPENDITURE	(Office Overh	ead/Rental Exp	ense					de of Texas. Com officeholder living	plete Schedule T.	
								District Suppl			y expense	
									- 3			
	Complete ONLY if direct	C	andidate/Offic	eholder name	C	office sou	ıght			Office he	eld	_
	expenditure to benefit C/OH											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 40/40 Rpt: 50/50	Hall III, Robert L. (The Honorable) 00067980						
4	Date	5 Payee name						
	08/11/2023	Walmart						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$60.20	603 TX-243						
		Canton, TX 75103						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		District Supplies						
		District Supplies						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
F	Date	Payee name						
	08/17/2023	Walmart						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$47.91	603 TX-243						
	, -							
		Canton, TX 75103						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense District Supplies						
		District Supplies						
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							
F	Date	Payee name						
	11/15/2023	Walmart						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$15.98	603 TX-243						
		Canton, TX 75103						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
		Check if Austin, TX, officeholder living expense						
		District Supplies						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
\vdash								
1								
I								