CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00087802		2 Total pages fil	led: 6	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY	
NAME	Mr.	Brandon W.			Date Received ELECTRONICA	ALLY FILED	
	NICKNAME	LAST Hall		SUFFIX	10/08/2024		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE # CIT	Υ·	ZIP CODE	Date Hand-delivered o	r Date Postmarked	
OFFICEHOLDER MAILING ADDRESS	PO Box 2989	,	.,	0022	Receipt #	Amount	
Change of Address	Weatherford, TX 76086				Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>l</u>		
TREASURER NAME	Mr.	Brandon W.		IVII			
	NICKNAME	LAST Hall		SUFFIX			
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 204 Robert St.	BOX PLEASE);	AP	T / SUITE #; CITY	; STA	ATE; ZIP CODE	
(Residence or Business)	Aledo, TX 76008						
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (817) 818-9652	E NUMBER E	EXTENSION				
8 REPORT TYPE	January 15 X	30th day before 8th day before 6		Runoff Exceeded modified reporting limit	15th day after car appointment (office Final Report (Atta	ceholder only)	
				reporting innit			
9 PERIOD COVERED	Month Day Year 07/01/2024	ТН	IROUGH	Month Day 09/26/202	Year 24		
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		rimary eneral	ELECTION TYPE Runoff Special	Other		
11 OFFICE	OFFICE HELD (if any)	,		12 OFFICE SOUGHT State Board Of	「(if known) Education District	11	
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 6

13 C / OH NAME	Hall, Brandon W. (Mr	.)	14 Filer ID (00087802	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. S)							
Additional Pages	COMMITTEE 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		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 1,009.32				
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00					
	4. TOTAL POLITIC		\$ 166.93					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 1,650.66						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 15,000.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
			D					
			Brandon W. Hall Candidate or Officehol	der				
	Signature of Candidate of Officeriolder							
AFFIX NO	TARY STAMP / SEAL AB	DVE						
		aid	, this the	day				
of	, 20, to co	ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 6
18 FILER NAM Hall, Bran	(Ethics Commiss	ion Filers)		
20 SCHEDUL NAME OF	SUBTOTAL	AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,009.32
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	166.93
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CON	NTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/6	
2	FILER NAME Hall, Brando	n W. (Mr.)			3	Filer ID (Ethics Commission 00087802	n Filers)
4	Date 08/21/2024	 Full name of contributor o o o Arlington Republican Club PW Contributor address; City; State; Z 			7	Amount of Contribution (\$)	\$750.00
_	Dein sing day	Arlington, TX 76094		O Francisco (Octobrativation	<u></u>		
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 09/07/2024	Full name of contributor on the Bobbitt, Mike Contributor address; City; State; Z	ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$15.62
	Principal occu	Tucumcari, NM 88401 pation / Job title (See Instructions)	1	Employer (See Instructions			
	retired	pation / Job title (See Instituctions)		retired	')		
	Date 07/07/2024	Full name of contributor o o Bobbitt, Mike Contributor address; City; State; Z	ut-of-state PAC (ID#:_ Zip Code)		Amount of Contribution (\$)	\$15.62
		Tucumcari, NM 88401					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u></u>		
	Date 09/08/2024	LaFountain, Evan Contributor address; City; State; Z	ut-of-state PAC (ID#:_ Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Counselor	Hubbard, OR 97032 pation / Job title (See Instructions)		Employer (See Instructions Healing Therapy Solutio			
	Date 08/08/2024	Full name of contributor of carributor of contributor of contributor of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu	Hubbard, OR 97032 pation / Job title (See Instructions)		Employer (See Instructions			
	Counselor	panon / Job une (See mstructions)		Healing Therapy Solutio			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHED	ULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1 Sch: 2/2 Rpt: 5/6	:
2	FILER NAME Hall, Brando			3 Filer ID (Ethics Commis 00087802	sion Filers)
4	Date 07/08/2024	Full name of contributor		7 Amount of Contribution (\$	\$50.00
	Deimaimal accu	Hubbard, OR 97032	D. Frankrick (Co. Instruction		
8	Counselor	ipation / Job title (See Instructions)	Employer (See Instructions Healing Therapy Solutions		
	Date 07/27/2024	Full name of contributor out-of-state PAC (ID#:_ Sherer, Daniel Contributor address; City; State; Zip Code		Amount of Contribution (\$	\$) \$52.05
	Principal occu Flight Dispat	Fort Worth, TX 76244 spation / Job title (See Instructions) tcher	Employer (See Instructions Southwest Airlines	ons)	
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_Yeh, Kentren Contributor address; City; State; Zip Code Albuquerque, NM 87112		Amount of Contribution (\$	\$26.03
	Principal occu Associate	ipation / Job title (See Instructions)	Employer (See Instructions	ns)	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 6/6 Hall, Brandon W. (Mr.) 00087802 Date Payee name Tru by Hilton - Austin Airport 09/11/2024 6 Amount (\$) Payee address; City; State; Zip Code 7900 E Ben White Blvd \$166.93 Reimbursement from political contributions intended Х Austin, TX 78741 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Overnight Travel to Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH