

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00066188	2 Total pages filed: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Ursula A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2025	
	NICKNAME	LAST Hall	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 2103 Houston, TX 77252		Date Hand-delivered or Date Postmarked		
			Receipt # Amount		
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Anthony W.	MI		
	NICKNAME	LAST Hall	SUFFIX III		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2450 Louisiana, Suite 400-230 Houston, TX 77006				
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 503-8070	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 09/27/2024		THROUGH	Month Day Year 10/26/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge District 165 Harris		12 OFFICE SOUGHT (if known) District Judge District 165		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 12

13 C / OH NAME Hall, Ursula A. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00066188

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.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	15,900.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	31,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	10,671.19
	4. TOTAL POLITICAL EXPENDITURES	\$	21,342.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	31,800.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	111,634.66

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Ursula A. Hall

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Hall, Ursula A. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00066188
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 31,800.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input checked="" type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$ 2,000.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 21,342.38
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/12
2 FILER NAME Hall, Ursula A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066188
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eastland, Desiree (Mrs.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Pearland, TX 77584		
8 Contributor's Principal Occupation Minister		9 Contributor's Job Title Minister
10 Contributor's employer/law firm HOPE Church Pearland		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall Jr., Anthony (Mr.)	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Houston, TX 77208		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Anthony W. Hall, Jr.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Traci (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Annandale, VA 22003		
Contributor's Principal Occupation Human Capital		Contributor's Job Title Director of Career Development
Contributor's employer/law firm Venable LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/12
2 FILER NAME Hall, Ursula A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066188
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenberg, Michael (Mr.)	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Katy, TX 77024	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Lowenberg Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGhee, Victoria (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77082	
Contributor's Principal Occupation Retired		Contributor's Job Title Attorney
Contributor's employer/law firm NA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundy, Dennis	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Tomball, TX 77375	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Dennis Mundy		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/12
2 FILER NAME Hall, Ursula A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066188
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proctor, Shemin (Ms.)	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Hunton Andrews Kurth		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spearman, Elicia (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cheshire, CT 06410	
Contributor's Principal Occupation CEO		Contributor's Job Title CEO
Contributor's employer/law firm Girl Scouts of Conneticut		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karolyn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77021	
Contributor's Principal Occupation Executive		Contributor's Job Title Executive Assistant
Contributor's employer/law firm Fort Bend County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 7/12
2 FILER NAME Hall, Ursula A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066188
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000.00
5 Date of loan 10/03/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ursula (Judge)	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Houston, TX 77252	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title Judge
14 Lender's Employer/Law Firm State of Texas		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
22 Amount Guaranteed (\$)		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 8/12	2 FILER NAME Hall, Ursula A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066188
4 Date 10/22/2024	5 Payee name Aarzo, Inc.	
6 Amount (\$) \$79.00	7 Payee address; City; State; Zip Code 2093 Philadelphia Pike #8422 Claymont, DE 19703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headshot
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2024	Payee name Baptist Ministers' Association of Houston & Vicinity PAC	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 7817 Calhoun Rd. Houston, TX 77033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Chase Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 270 Park Avenue New York, TX 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/5 Rpt: 9/12	2	FILER NAME Hall, Ursula A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066188
4	Date 10/07/2024	5	Payee name Constant Contact Inc.		
6	Amount (\$) \$81.02	7	Payee address; City; State; Zip Code 1601 Trapelo Road, 3rd Floor Waltham, MA 02451		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bulk email services		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/21/2024		Payee name DropBox		
	Amount (\$) \$127.79		Payee address; City; State; Zip Code 333 Brannan San Francisco, CA 94107		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bulk electronic storage (photos, files)		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/27/2024		Payee name GoDaddy, Inc.		
	Amount (\$) \$24.51		Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website security		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 10/12	2 FILER NAME Hall, Ursula A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066188
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4 Date 09/27/2024	5 Payee name GoDaddy, Inc.
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6 Amount (\$) \$95.88	7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting and email services
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name GoDaddy, Inc.
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Amount (\$) \$15.98	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/07/2024	Payee name Run Sister Run PAC
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Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 66470 Houston, TX 77266
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 11/12	2 FILER NAME Hall, Ursula A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066188
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4 Date 09/27/2024	5 Payee name Simpletexting.com
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6 Amount (\$) \$958.33	7 Payee address; City; State; Zip Code 1815 Purdy Avenue Miami Beach, FL 33139
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bulk texting services
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2024	Payee name Synergy Media & Consulting
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Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 12955 Willow Place Drive Houston, TX 77070
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2024	Payee name Tejano Democrats
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 3213 Houston Avenue Houston, TX 77009
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 24th Annual Roast & Toast; membership renewal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 12/12	2 FILER NAME Hall, Ursula A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066188
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4 Date 10/16/2024	5 Payee name United States Postal Service
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6 Amount (\$) \$342.00	7 Payee address; City; State; Zip Code 1500 Hadley Houston, TX 77002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail box rental
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name Walmart
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Amount (\$) \$31.68	Payee address; City; State; Zip Code 702 S.W. 8th Street Bentonville, AR 72716
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Liquid creamer, milk, sugar, stirrers (coffee supplies)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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