CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM	и (Η
COVER SHE	EΤ	PG	1

The C/OH	Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00067980		2 Total pages fil	led: 28
3 CANDI	IDATE /	MS / MRS / MR	FIRST	•	MI		JSE ONLY
	EHOLDER	The Honorable	Robert L.				
NAME						Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	01/14/2025	
		Bob	Hall		Ш		
					710 0005	Date Hand-delivered o	r Data Deatmarked
	IDATE / EHOLDER	ADDRESS / PO BOX; APT	/SUITE #; CII	ΙΥ;	ZIP CODE	Date Hand-delivered o	i Dale Posiinaikeu
MAILIN		728 Private Road 7005				Dessint #	Amount
ADDRE	ESS					Receipt #	Amount
Cha	inge of Address	Edgewood, TX 75117				Data Drawand	
						Date Processed	
						Dete la en el	
						Date Imaged	
5 CAMP	AIGN	MS / MRS / MR	FIRST		MI		
	SURER	Mr.	Michael F.				
NAME							
		NICKNAME			SUFFIX		
			LAST Slaton		SUFFIX		
		Mike	Sialon				
6 CAMP	AIGN SURER	STREET ADDRESS (NO PO		AP	T / SUITE #; CITY;	ST/	ATE; ZIP CODE
ADDRE		305 Brookwood Forest Dr					
(Residen	ice or Business)						
(residen	te of Dusiness)	Sunnyvale, TX 75182					
7 CAMP		AREA CODE PHON	IE NUMBER	EXTENSION			
PHON	SURER E	(214) 343-0642					
_							
8 REPOR	RT		_			_	
TYPE		X January 15	30th day before	e election	Runoff	15th day after car appointment (office	
		July 15	8th day before	election	Exceeded modified	Final Report (Atta	
					reporting limit		
9 PERIO		Month Day Year			Month Day	Year	
COVER		07/01/2024	т	HROUGH	12/31/2024		
		01/01/2024			12/01/202	+	
10 ELECT		ELECTION DATE			ELECTION TYPE		
		Month Day Year		Primary		Other	
		Month Day Tea		lineary			
				General	Special		
11 OFFIC	E	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
		State Senator District 2			State Senator Dis	strict 2	
					1		
			~~ ~				
			GO	TO PAGE 2			
Forms pro	ovided by Te	xas Ethics Commission	www.et	thics.state.tx.u	S	Versi	on V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 128

13 C / OH NAME	Hall III, Robert L. (Th	e Honorable)	14 Filer ID 00067980	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 302,421.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
		CAL EXPENDITURES		\$ 75,630.64
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	LAST DAY OF THE	\$ 286,637.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	ty of perjury, that the ac all information required t	companying report is to be reported by me
		The Hone	orable Robert L. Hall	111
		Signature o	f Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath
Forms provided by Te	exas Ethics Commission	n www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 128 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 1. \$ 302,421.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 75,630.64 \$ 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 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

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	The Instru	ction Guide explains how to	complete this fe	orm.	1	Total pages Schedule A1: Sch: 1/67 Rpt: 4/128	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		ert L. (The Honorable)				00067980	////
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/10/2024	Doucet, Carol					\$10.00
	I	6 Contributor address; City; State; 2	Zip Code				
	I	1					
	I	1					
		Frost, TX 76641					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Ahlberg, Trevor					\$5,000.00
	I	Contributor address; City; State; 2					
	I	1					
	I	1					
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
	CEO			Cottonwood Financial			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Aiken, Mary					\$40.00
	l	Contributor address; City; State; 2	Zip Code				
	I	1					
	I	1					
		Flint, TX 75762					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
				1			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/09/2024	Allen Boone Humphries Robin					\$1,000.00
	1	Contributor address; City; State; 2					
	I	1					
	l	1					
		Houston, TX 77027					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
				1			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/23/2024	Allen, Georgia					\$100.00
	I	Contributor address; City; State; Z	Zip Code				
	l	1					
	l	1					
	I	Aliso Viejo, CA 92656-4242					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
				1			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/67 Rpt: 5/128	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		ert L. (The Honorable)			00067980	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/07/2024	Alvarado, Elaine				\$200.00
		6 Contributor address; City; State; Zip Code				
		Conton TX 75102				
Q	Principal occu	Canton, TX 75103 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Ū	retired		retired	3)		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	09/23/2024	Amick, Robert)			\$250.00
		Contributor address; City; State; Zip Code				
		Rockwall, TX 75087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Arnett, Deborah				\$25.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75218-3215				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	i inicipai cood			0)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Austin Firefighters Association PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
	Dringinglassy	Austin, TX 78752				
	Principal occu PAC	pation / Job title (See Instructions)	Employer (See Instructions	S)		
		Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (ft)	
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: Austin Police Association PAC)		Amount of Contribution (\$)	\$1,000.00
	12/10/2024	Contributor address; City; State; Zip Code				Φ1,000.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78721				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	PAC					

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/67 Rpt: 6/128	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
-		ert L. (The Honorable)			00067980	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/26/2024	BELBEL, ROGER				\$250.00
		6 Contributor address; City; State; Zip Code		·		
		ROCKWALL, TX 75087				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	physician		self employed			
	Date	Full name of contributor out-of-state PAC (ID#:	· :)	Τ	Amount of Contribution (\$)	
	12/10/2024	Baldwin, J. Lee				\$100.00
				·		
		Dallas, TX 75357				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	09/16/2024	Beer Alliance of Texas			• •	\$1,000.00
		Contributor address; City; State; Zip Code	,			-
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	- s)		
	PAC					
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	12/11/2024	Berdoll, Lance				\$200.00
		Contributor address; City; State; Zip Code		-		
		Bastrop, TX 78602				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	11/23/2024	Beurket Jr, Raymond				\$25.00
		Contributor address; City; State; Zip Code		·		
		Springfield, VA 22150				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired			
⊢						

The Instru	ction Guide explains how	v to complete this f	form.	1	Total pages Schedule A1: Sch: 4/67 Rpt: 7/128	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	ert L. (The Honorable)				00067980	<u> </u>
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
12/11/2024	Bigbie, Biff					\$25.00
	6 Contributor address; City; St			1		
	Lindolo TV 75771					
Dringingloccu	Lindale, TX 75771		Employer (See Instructions	<u> </u>		
8 Pfincipai occu	pation / Job title (See Instructions	;) 	9 Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
09/14/2024	Billings, David					\$250.00
	Contributor address; City; St	tate; Zip Code		1		
	Fate, TX 75189	-	1			
	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
retired			retired	-		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷= 000 00
08/05/2024						\$5,000.00
	Contributor address; City; St	ate; Zip Code				
	Austin, TX 78701					
Principal occu	I Ipation / Job title (See Instructions	 ۶)	Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
11/26/2024	Bohart, Lauren	<u> </u>				\$100.00
	Contributor address; City; St	tate; Zip Code		1		
	Dallas, TX 75230	-	1	Ĺ		
Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
Date	Full name of contributor		<u> </u>	1	Amount of Contribution (\$)	
11/24/2024	Booker, Stephen	out-of-state PAC (ID#:_)			\$25.00
11/ <i>27/202</i> 7	Contributor address; City; St	tata: Zin Cada		-		Ψ20.00
		ale, zip coue				
	Lawton, OK 73505					
Principal occu	I Ipation / Job title (See Instructions	۵)	Employer (See Instructions	5)		
retired			retired			

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 5/67 Rpt: 8/128	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Hall III, Robe	ert L. (The Honorable)	!	00067980	
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#: Box, Jan		 Amount of Contribution (\$) \$50. 	.00
		6 Contributor address; City; State; Zip Code			
		Canton, TX 75103			
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions) retired)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/03/2024	Bradley, Bobby		\$150.	.00
		Contributor address; City; State; Zip Code	1		
			ļ		
			ļ		
		Garland, TX 75042		、 、	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) Texas Entertainment Gro		
╘					
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	20
	11/24/2024	Brown, Robert Contributor address; City; State; Zip Code	J	\$500.	00
	Dringing occ	Yuma, AZ 85364	Employer (See Instructions)	×	
	optometrist	pation / Job title (See Instructions)	self)	
⊨	-				
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$100.	00
	0110212024	Bruce Archer Campaign		Φτυυ.	00
		Contributor address; City; State; Zip Code			
∟		Terrell, TX 75160			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/05/2024	Buff Estates	ļ	\$250.	.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78238			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
L					

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/67 Rpt: 9/128	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		ert L. (The Honorable)		ľ	00067980	i i liero)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/23/2024	COLLIER, CURT				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Long Beach, CA 90804-4634				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Cameron, Arthur				\$25.00
		Tyler, TX 75707				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i intelpar cood			-)		
	Date	Full name of contributor Out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	09/23/2024	Campbell, Ed	/		, anoant of Continuation (+)	\$100.00
		Contributor address; City; State; Zip Code		•		+200.00
		Contributor address, City, State, Zip Code				
		Grapevine, TX 76051				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Buss Driver		Rockwall ISD	-,		
				<u> </u>	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢50.00
	11/07/2024	Cantrell, David				\$50.00
		Contributor address; City; State; Zip Code				
		Murchison, TX 75778				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Cantrell, David				\$25.00
		Contributor address; City; State; Zip Code		1		
		Murchison, TX 75778				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
⊢						

The Instruction Guide explains how to co	1 Total pages Schedule A1: Sch: 7/67 Rpt: 10/128
2 FILER NAME	
Hall III, Robert L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067980
4 Date 5 Full name of contributor out	t-of-state PAC (ID#:) 7 Amount of Contribution (\$)
09/18/2024 Capitol Leadership Fund	\$500.00
6 Contributor address; City; State; Zip	
Austin, TX 78701	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date Full name of contributor out	t-of-state PAC (ID#:) Amount of Contribution (\$)
12/06/2024 Carlson, Lavon	\$15.00
Contributor address; City; State; Zip	o Code
Rockford, IL 61108-7944	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	t-of-state PAC (ID#:) Amount of Contribution (\$)
09/21/2024 Carson, Janice	\$100.00
Contributor address; City; State; Zip	o Code
Rockwall, TX 75087	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	retired
Date Full name of contributor out 12/03/2024 Carson, Janice	t-of-state PAC (ID#:) Amount of Contribution (\$) \$150.00
· · · · · · · · · · · · · · · · · · ·	
Contributor address; City; State; Zip	o Code
Rockwall, TX 75087	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	retired
Date Full name of contributor out	t-of-state PAC (ID#:) Amount of Contribution (\$)
09/16/2024 Carter, Jeffrey	\$5,000.00
Contributor address; City; State; Zip	o Code
Streeman, TX 75859	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Founder	Jeffrey A Carter Foundation

	The Instruc	ction Guide explains how to complete	e this f	orm.	1	Total pages Schedule A1: Sch: 8/67 Rpt: 11/128	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		ert L. (The Honorable)			-	00067980	
4	Date	5 Full name of contributor out-of-state P.	AC (ID#:_)	7	Amount of Contribution (\$)	
	12/10/2024	Carter, John					\$10.00
		6 Contributor address; City; State; Zip Code					
		Kyle, TX 78640					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date	Full name of contributor 🔲 out-of-state P	AC (ID#:_)		Amount of Contribution (\$)	
	09/25/2024	Cate's Touch					\$1,000.00
		Contributor address; City; State; Zip Code					
		Rockwall, TX 75087					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state PA	AC (ID#:_)		Amount of Contribution (\$)	
	09/25/2024	Cate, Carol					\$100.00
		Contributor address; City; State; Zip Code					
		Royse City, TX 75189					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor 🔲 out-of-state P	AC (ID#:_)		Amount of Contribution (\$)	
	11/23/2024	Chamberlain, John					\$25.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78730					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
Γ	Date	Full name of contributor out-of-state P	AC (ID#:_)	_	Amount of Contribution (\$)	
	12/11/2024	Chambers, Ruth					\$500.00
		Contributor address; City; State; Zip Code					
		Bulverde, TX 78163					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	retired			retired			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/67 Rpt: 12/128	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	ert L. (The Honorable)		00067980	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/24/2024	Chandler, Camie			\$250.00
	6 Contributor address; City; State; Zip Code			
	Royse City, TX 75189			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	; ;)	
Office Mana	ger	Performance Powder W	'orks	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/14/2024	Charter Communications Inc Texas PAC			\$2,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions) 3)	
PAC				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/13/2024	Chester, Harry)		\$100.00
	Contributor address; City; State; Zip Code			+200.00
	Corpus Cristi, TX 78403			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions) 3)	
-				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/24/2024	Chester, Janis			\$90.00
	Contributor address; City; State; Zip Code			
	DOVER, DE 19901-3813			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/19/2024	Chevron Employees PAC			\$2,000.00
	Contributor address; City; State; Zip Code			
	San Ramon, CA 94583			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	l	
PAC	· · · · ·			
1				

The Instrue	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 10/67 Rpt: 13/128
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ert L. (The Honorable)		00067980
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/07/2024	Collins, Ann	ļ	\$300.00
	6 Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Ben Wheeler, TX 75754	-	
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:	t)	Amount of Contribution (\$)
12/05/2024	Collins, Dwayne		\$850.00
	Contributor address; City; State; Zip Code		
	Ben Wheeler, TX 75754		
-	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	·	Amount of Contribution (\$)
11/24/2024	Corba, Kimberly		\$100.00
	Contributor address; City; State; Zip Code		
		ļ	
		ļ	
	Allentown, PA 18106		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
12/10/2024	Cossey, Wendell	ļ	\$100.00
	Contributor address; City; State; Zip Code		
		ļ	
		ļ	
	Edgewood, TX 75103		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
11/14/2024	Creacy, Allene	ļ	\$850.00
	Contributor address; City; State; Zip Code		
	Wylie, TX 75098		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
		<u>, I</u>	

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	The Instru	ction Guide explains how to	complete this f	orm.	1	Total pages Schedule A1: Sch: 11/67 Rpt: 14/128	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		ert L. (The Honorable)				00067980	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/23/2024	Curka, Peter		ļ			\$100.00
	ļ	6 Contributor address; City; State;	; Zip Code				
	1			ļ			
	1			ļ			
		Houston, TX 77005					
8	Principal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions)	;)		
			!	1			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/02/2024	D'Aversa, Aldo					\$300.00
	-	Contributor address; City; State;					
	P	Contributor address, only, state,	, 210 0000	ļ			
	P			ļ			
	ļ	Dallas, TX 75248		ļ			
	Princinal occu	Ipation / Job title (See Instructions)		Employer (See Instructions)	<u>ר</u>		
	Self		1	Chiropractor	ッ		
╘		T	!	· · ·	—		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	D'Aversa, Aldo					\$300.00
	P	Contributor address; City; State;					
	1			ļ			
	P			ļ			
		Dallas, TX 75248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Self		1	Chiropractor			
F	Date	Full name of contributor	out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	12/05/2024	Dale, Gyle	1				\$900.00
		-	. Zin Code				• -
	1	Contributor address, only, state,	, Σιρ τουτ	ļ			
	P			ļ			
	1	Rockwall, TX 75032		ļ			
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	 ເ)		
	self employe		1	self	'		
╞				<u> </u>	—		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	#100.00
	11/24/2024	Davidson, Stephen					\$100.00
	P	Contributor address; City; State;	; Zip Code	ļ			
	P			ļ			
	P			ļ			
L		Phoenix, AZ 85013					
	Principal occu	pation / Job title (See Instructions)	!	Employer (See Instructions)	;)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/67 Rpt: 15/128	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Hall III, Robe	ert L. (The Honorable)			00067980	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	Day, Paul				\$50.00
	I	6 Contributor address; City; State; Zip Code		1		
		1				
		1				
		Rockwall, TX 75032				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
	Professor, G	eology	DC			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	12/05/2024	Day, Paul				\$50.00
	I	Contributor address; City; State; Zip Code		·		
		1				
		Rockwall, TX 75032				
<u> </u>	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Professor, G		DC	-,		
⊨				—	t	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±100.00
	11/12/2024	Decker, Deborah				\$100.00
		Contributor address; City; State; Zip Code]		
		1				
		Canton, TX 75103				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	12/09/2024	Decker, William				\$150.00
	I	Contributor address; City; State; Zip Code		·		
		1				
l		Canton, TX 75103				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
	1 1110-200			5)		
╞			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 25 00
	11/23/2024	Dietz, Deanne				\$25.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Tacoma, WA 98401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
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	The Instru	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 13/67 Rpt: 16/128	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
-		ert L. (The Honorable)			Ū	00067980	51111013)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/13/2024	Drewry, Christina					\$1,200.00
		6 Contributor address; City; State; Z	Zip Code				
		Flint, TX 75762					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	NA			NA			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/25/2024	Duke, Adina					\$100.00
		Contributor address; City; State; Z					
		Heath, TX 75032					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Program Ma	nager		ATT			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Duke, Thomas		· · · · · · · · · · · · · · · · · · ·			\$600.00
			Zip Code				
		Canton, TX 75103					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Attorney			Money Law & Title			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/10/2024	Duke, Thomas					\$1,200.00
		Contributor address; City; State; Z	Zip Code				
		Canton, TX 75103					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Attorney			Money Law & Title			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Duke, Thomas					\$1,000.00
		Contributor address; City; State; Z	Zip Code				
		-	r.				
		Canton, TX 75103					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Attorney			Money Law & Title			
			I				

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/67 Rpt: 17/128	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Hall III, Robe	ert L. (The Honorable)			00067980	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/11/2024	Dupuy, Trevor	,			\$25.00
		6 Contributor address; City; State; Zip Code		1		
			,			
			,			
		Horseshoe Bay, TX 78657				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/14/2024	Dutta, Kay	!]		\$100.00
		Contributor address; City; State; Zip Code	,]		
	Drive ineal ages	Rockwall, TX 75087		ŕ		
	Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/23/2024	Dwoskin, Lisa Claire	!]		\$250.00
		Contributor address; City; State; Zip Code	,			
			,			
		Arlington, VA 22207	,			
	Drincipal occu	apation / Job title (See Instructions)	Employer (See Instruction	Γ		
	retired		Employer (See Instructions retired	5)		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ቀሳር ሰሳ
	12/05/2024	Eckert, Cristina	!			\$85.00
		Contributor address; City; State; Zip Code	,			
			,			
		Forney, TX 75126	1			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	T moipar oota			"		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Π	Amount of Contribution (\$)	
	12/10/2024	Estes, Betty	/ ,		Allount of Contribution (+)	\$25.00
	±=, ±, = = =	Contributor address; City; State; Zip Code		-		*=•
		Culturbutor address, City, State, Zip Code	,			
			,			
		Dallas, TX 75228	,			
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/67 Rpt: 18/128	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		ert L. (The Honorable)				00067980	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/02/2024	Etling, Kurt	—				\$500.00
	I	6 Contributor address; City; S	State; Zip Code		1		
	I						
	I	Edward TV 75117					
	Dringing oog	Edgewood, TX 75117					
8	Principal occu Retired	upation / Job title (See Instructions	s)	9 Employer (See Instructions Retired	5) 		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ē	Amount of Contribution (\$)	
	07/02/2024	Evans, JR					\$50.00
	I	Contributor address; City; S			1		
	I						
	I						
		Greenville, TX 75402		-			
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
				<u> </u>	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/10/2024	Evenwel, Sue					\$150.00
	I	Contributor address; City; S			1		
	I						
	I	Mt Discount TV 75455					
	Dringing oog	Mt. Pleasant, TX 75455					
	retired	upation / Job title (See Instructions	5)	Employer (See Instructions retired	5)		
⊨		<u> </u>			—		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#100.00
	12/05/2024	Evridge, Grand					\$100.00
	I	Contributor address; City; S	tate; Zip Code				
	I						
	I	Brady, TX 76825					
┢	Principal occu	upation / Job title (See Instructions		Employer (See Instructions	<u>ال</u>		
	1		<i>'</i>)		''		
╞	Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	12/05/2024	Fabry, Thomas		/		Allount of Contribution (+)	\$100.00
	12 , 0 3 , 2	Contributor address; City; S	State: 7in Code		ł		*-
	I						
	I						
	I	Tyler, TX 75703					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
				<u>I</u>			

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The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 16/67 Rpt: 19/128
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hall III, Robe	ert L. (The Honorable)		00067980
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of Contribution (\$)
12/09/2024	Farella, Angelina		\$250.00
	6 Contributor address; City; State; Zip Code		
	Seabrook, TX 77586		
	upation / Job title (See Instructions)	9 Employer (See Instruction	s)
Physician		Self	
Date	Full name of contributor Dut-of-state PAC (I	D#:)	Amount of Contribution (\$)
11/24/2024	Fidanza, Gerald		\$10.00
	Contributor address; City; State; Zip Code		
	LILBURN, GA 30047-4610		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
12/03/2024	Fieldstead and Company		\$10,000.00
	Contributor address; City; State; Zip Code		
Di dastasa	Irvine, CA 92523		
Principal occu	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instruction	S)
			1
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
07/11/2024	First Ladies Republican Womens Club PAC		\$50.00
	Contributor address; City; State; Zip Code		
	Mesquite, TX 75150		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	s)
Phillipal occu PAC			5)
Date 09/20/2024	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$) \$100.00
0912012024	Fisher, Jerry		φ100.00
	Contributor address; City; State; Zip Code		
	Rockwall, TX 75087		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	s)
retired		retired	5)
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	The Instrue	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 17/67 Rpt: 20/128	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hall III, Robe	ert L. (The Honorable)			00067980	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	Fite, Ralph				\$500.00
	ļ	6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77042				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	SVP-Finance	<u>}</u>	Welcome Group, LLC			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/20/2024	Fleming, JoAnn				\$500.00
		Contributor address; City; State; Zip Code]		
	1					
	Dringing ogg	Flint, TX 75762		<u> </u>		
	retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		
╞				г		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢15 00
	12/10/2024	Floyd, Melvin				\$15.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75081				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/13/2024	Focused Advocacy Political				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78746				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PAC					
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/14/2024	Fogg, Jennifer				\$500.00
		Contributor address; City; State; Zip Code]		
	1					
		Rockwall, TX 75087		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	County Clerk		Rockwall County			

	The Instru	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/67 Rpt: 21/128	
2	FILER NAME				3	Filer ID (Ethics Commission) Filers)
[ert L. (The Honorable)				00067980	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/11/2024	Frazier, Steve					\$50.00
		6 Contributor address; City; Stat	te; Zip Code				
		Heath, TX 75032					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	Security			Rockwall ISD			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2024	Freedman, Gary					\$100.00
		Contributor address; City; Stat					
		rockwall, TX 75087					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Retired				<i>י</i> י		
╘							
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/24/2024	Freeman, Gary					\$115.00
		Contributor address; City; Stat					
		Rockwall, TX 75087					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/24/2024	- Freeman, Gary	_				\$100.00
		Contributor address; City; Stat					
			· •				
		Rockwall, TX 75087					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L;)		
	·	· · · · · · · · · · · · · · · · · · ·					
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/12/2024		OUT-OI-STATE PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	09/12/2024						Φ20.00
		Contributor address; City; Stat	te; Zip Code				
		Keller, TX 76248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

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	The Instru	ction Guide explains how to comp	plete this fo	orm.	1	Total pages Schedule A1: Sch: 19/67 Rpt: 22/128	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		ert L. (The Honorable)			-	00067980	
4	Date	5 Full name of contributor 🗌 out-of-sta	tate PAC (ID#:)	7	Amount of Contribution (\$)	
	11/23/2024	Fried, Stanley					\$25.00
		6 Contributor address; City; State; Zip Coc	de				
		1					
		LONG BEACH, CA 90807					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions))		
	Date	Full name of contributor 🗌 out-of-sta	tate PAC (ID#:)		Amount of Contribution (\$)	
	11/15/2024	Friends of the TTU System PAC					\$5,000.00
		Contributor address; City; State; Zip Coc					
		Lubbock, TX 79409					
	-	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	PAC						
	Date		tate PAC (ID#:)		Amount of Contribution (\$)	
	07/02/2024	Fries, Judy					\$100.00
		Contributor address; City; State; Zip Coc					
		1					
		Destaurall TV 75007					
		Rockwall, TX 75087	,	Environ (Care Instructions	ŕ		
	Principai occu	pation / Job title (See Instructions)	ļ	Employer (See Instructions)	.)		
	Date	Full name of contributor out-of-sta	tate PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Gallagher, Patricia					\$250.00
		Contributor address; City; State; Zip Coc	de				
		1					
		1					
L		Mabank, TX 75147					
	-	pation / Job title (See Instructions)	ļ	Employer (See Instructions)	;)		
L	retired			retired			
	Date	Full name of contributor 🗌 out-of-st	tate PAC (ID#:)		Amount of Contribution (\$)	
	07/26/2024	Gentry, Jan					\$200.00
		Contributor address; City; State; Zip Coc	je				
		Dallas, TX 75209					
⊢	Principal occu	I Ipation / Job title (See Instructions)	I	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 20/67 Rpt: 23/128 2 FILER NAME Hall III, Robert L. (The Honorable) 3 Filer ID (Ethics Commission 00067980) 4 Date 12/09/2024 5 Full name of contributor out-of-state PAC (ID#:) George, Abraham 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 4 Allen, TX 75013 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:) Amount of Contribution (\$)	on Filers) \$100.00
Hall III, Robert L. (The Honorable) 00067980 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 12/09/2024 George, Abraham 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) Allen, TX 75013 9 Employer (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Hall III, Robert L. (The Honorable) 00067980 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 12/09/2024 George, Abraham 6 Contributor address; City; State; Zip Code Amount of Contribution (\$) Allen, TX 75013 Allen, TX 75013 8 Principal occuration / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor	
12/09/2024 George, Abraham 6 Contributor address; City; State; Zip Code Allen, TX 75013 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$100.00
6 Contributor address; City; State; Zip Code Allen, TX 75013 Allen, TX 75013 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$100.00
6 Contributor address; City; State; Zip Code Allen, TX 75013 Allen, TX 75013 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
09/24/2024 Gililland, Dr. Jud	\$100.00
Contributor address; City; State; Zip Code	
Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Dentist- Dental Director State of Texas, HHSC	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
09/05/2024 Gililland, Dr. Judson	\$100.00
Contributor address; City; State; Zip Code	
Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
12/03/2024 Goeders, Tim	\$150.00
Contributor address; City; State; Zip Code	
Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Employer (See Instructions) National Director for Logistics Resilience	
National Director for Logistics Resilience EMP Task Force for Homeland & National Security	
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Op/op/2004 Operative Transition	÷4 000 00
08/20/2024 Greenberg Traurig	\$1,000.00
	\$1,000.00
08/20/2024 Greenberg Traurig	\$1,000.00
08/20/2024 Greenberg Traurig Contributor address; City; State; Zip Code	\$1,000.00
08/20/2024 Greenberg Traurig Contributor address; City; State; Zip Code Albany, NY 12207	\$1,000.00
08/20/2024 Greenberg Traurig Contributor address; City; State; Zip Code	\$1,000.00
08/20/2024 Greenberg Traurig Contributor address; City; State; Zip Code Albany, NY 12207 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$1,000.00

The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 21/67 Rpt: 24/128
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	ert L. (The Honorable)		00067980
4 Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7 Amount of Contribution (\$)
12/05/2024	Guthrie, Sharon		\$150.00
	6 Contributor address; City; State; Zip Code		1
	Tyler, TX 75703-5727		
	pation / Job title (See Instructions)	9 Employer (See Instruction	s)
retired		retired	
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of Contribution (\$)
08/18/2024	HENRY, MARCUS		\$250.00
	Contributor address; City; State; Zip Code		1
	WAXAHACHIE, TX 75165		
	pation / Job title (See Instructions)	Employer (See Instruction	s)
Data Intellige	ence	Databricks	
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of Contribution (\$)
11/08/2024	Hackney, Michael		\$200.00
	Contributor address; City; State; Zip Code		
	0		
	Canton, TX 75103		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
		Retired	
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of Contribution (\$)
07/10/2024	Hackney, Michael		\$300.00
	Contributor address; City; State; Zip Code		
	Conton TV 75102		
Dringingloggy	Canton, TX 75103 pation / Job title (See Instructions)	Employer (See Instruction	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	5)
			1
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of Contribution (\$)
12/10/2024	Hammel, Don & Cathy		\$250.00
	Contributor address; City; State; Zip Code		
	Forney, TX 75126		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	 s)
	remium Auditor		s) ce Company, also sell Trump

SCHEDULE	Α	1
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	The Instru	ction Guide explains how to complete this fe	orm.	1	Total pages Schedule A1: Sch: 22/67 Rpt: 25/128	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Hall III, Robe	ert L. (The Honorable)			00067980	·
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/23/2024	Harper, Steven				\$10.00
		6 Contributor address; City; State; Zip Code		ł		
		Bulverde, TX 78163				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/29/2024	Hatfield, Erika				\$100.00
		Contributor address; City; State; Zip Code		1		
		Heath, TX 75032				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	08/13/2024	Hatfield, Erika				\$100.00
				ł		
		Heath, TX 75032				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	analyst	1	USAA			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/29/2024	Hatfield, Erika			-	\$100.00
	-	Contributor address; City; State; Zip Code		ł		
		Heath, TX 75032				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> 5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/29/2024	Hatfield, Erika			• •	\$100.00
	-			ł		
		Heath, TX 75032				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	·					
⊢						
1						

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 23/67 Rpt: 26/128
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ert L. (The Honorable)	ļ	00067980
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
10/29/2024	10/29/2024 Hatfield, Erika		\$100.00
ļ	6 Contributor address; City; State; Zip Code		1
		ļ	
		ļ	
	Heath, TX 75032		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	3)
Date	Full name of contributor out-of-state PAC (ID#:	·)]	Amount of Contribution (\$)
11/28/2024	Hatfield, Erika	ļ	\$100.00
	Contributor address; City; State; Zip Code		1
		ļ	
		ļ	
Dringingl oppu	Heath, TX 75032		<u> </u>
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
09/01/2024	Health Care Service Corporation	ļ	\$1,500.00
	Contributor address; City; State; Zip Code		1
		ļ	
	Chicago II 60601	ļ	
Dringingl occu	Chicago, IL 60601		
ΡΠΠΟΙΡΑΙ Ουυυ	ipation / Job title (See Instructions)	Employer (See Instructions)	5)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
11/25/2024	Heckmann, Richard	ļ	\$52.00
	Contributor address; City; State; Zip Code		1
		ļ	
	Buena Vista, CO 81211		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	s)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
12/12/2024	Heizer, Richard	ļ	\$25.00
	Contributor address; City; State; Zip Code		1
		ļ	
1	WEATHERFORD, TX 76087		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> s)
· · · · · · · · · · · · · · · · · · ·		,	-
		<u> </u>	

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The	e Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/67 Rpt: 27/128	
2 FILE	ER NAME				3	Filer ID (Ethics Commission	n Filers)
		ert L. (The Honorable)			-	00067980	
4 Date	e	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
07/0	02/2024	Heltzel, Rod					\$500.00
		6 Contributor address; City; Si	tate; Zip Code		1		
		Jacksboro, TX 76458					
		pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
Self	f			Starbuck Whitetails			
Date	e	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
09/1	18/2024	Henson, Sharon					\$200.00
		Contributor address; City; Si			1		
		ROCKWALL, TX 75032					
Prine		pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	ner			Our Joyful Life			
Owr							
	е	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
Owr Date	e 25/2024	Full name of contributor Henson, Sharon	—			Amount of Contribution (\$)	\$300.00
Owr Date			—			Amount of Contribution (\$)	\$300.00
Owr Date		Henson, Sharon	—			Amount of Contribution (\$)	\$300.00
Owr Date		Henson, Sharon Contributor address; City; Si	—			Amount of Contribution (\$)	\$300.00
Owr Date 09/2	25/2024	Henson, Sharon Contributor address; City; St Rockwall, TX 75087	tate; Zip Code			Amount of Contribution (\$)	\$300.00
Owr Date 09/2	25/2024	Henson, Sharon Contributor address; City; Si	tate; Zip Code		s)	Amount of Contribution (\$)	\$300.00
Owr Date 09/2	25/2024	Henson, Sharon Contributor address; City; St Rockwall, TX 75087	tate; Zip Code		s)	Amount of Contribution (\$)	\$300.00
Owr Date 09/2	25/2024 ncipal occu	Henson, Sharon Contributor address; City; St Rockwall, TX 75087	tate; Zip Code	Employer (See Instructions	s)	Amount of Contribution (\$)	\$300.00
Owr Date 09/2 Princ	25/2024 ncipal occu	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith	tate; Zip Code s) out-of-state PAC (ID#:_	Employer (See Instructions	s)		\$300.00
Owr Date 09/2 Princ	25/2024 ncipal occu	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith	tate; Zip Code	Employer (See Instructions	s)		
Owr Date 09/2 Princ	25/2024 ncipal occu	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith	tate; Zip Code	Employer (See Instructions	s)		
Owr Date 09/2 Princ	25/2024 ncipal occu	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si	tate; Zip Code	Employer (See Instructions	s)		
Owr Date 09/2 Princ Date 12/1	25/2024 ncipal occu e 10/2024	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si Scurry, TX 75158	tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code	Employer (See Instructions			
Owr Date 09/2 Princ Date 12/1	25/2024 ncipal occu e 10/2024	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si	tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code	Employer (See Instructions			
Owr Date 09/2 Princ Date 12/1	25/2024 ncipal occu e 10/2024	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si Scurry, TX 75158 pation / Job title (See Instructions	tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code	Employer (See Instructions		Amount of Contribution (\$)	
Owr Date 09/2 Princ Date 12/1 Princ	25/2024 ncipal occu e 10/2024 ncipal occu	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si Scurry, TX 75158 pation / Job title (See Instructions	tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code	Employer (See Instructions			\$25.00
Owr Date 09/2 Princ Date 12/1 Princ	25/2024 ncipal occu e 10/2024 ncipal occu	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si Scurry, TX 75158 pation / Job title (See Instructions	tate; Zip Code s) out-of-state PAC (ID#:	Employer (See Instructions		Amount of Contribution (\$)	
Owr Date 09/2 Princ Date 12/1 Princ	25/2024 ncipal occu e 10/2024 ncipal occu	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si Scurry, TX 75158 pation / Job title (See Instructions	tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code s) out-of-state PAC (ID#:_	Employer (See Instructions		Amount of Contribution (\$)	\$25.00
Owr Date 09/2 Princ Date 12/1 Princ	25/2024 ncipal occu e 10/2024 ncipal occu	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si Scurry, TX 75158 pation / Job title (See Instructions Full name of contributor Highfield, Albert	tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code s) out-of-state PAC (ID#:_	Employer (See Instructions		Amount of Contribution (\$)	\$25.00
Owr Date 09/2 Princ Date 12/1 Princ	25/2024 ncipal occu e 10/2024 ncipal occu	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si Scurry, TX 75158 pation / Job title (See Instructions Full name of contributor Highfield, Albert Contributor address; City; Si	tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code	Employer (See Instructions		Amount of Contribution (\$)	\$25.00
Owr Date 09/2 Princ Date 12/1 Princ Date 11/0	25/2024 ncipal occu e 10/2024 e 07/2024	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si Scurry, TX 75158 pation / Job title (See Instructions Full name of contributor Highfield, Albert Contributor address; City; Si New Braunfels Tx area, T	tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code TX 78133	Employer (See Instructions	s)	Amount of Contribution (\$)	\$25.00
Owr Date 09/2 Princ Date 12/1 Princ Date 11/0	25/2024 ncipal occu e 10/2024 ncipal occu e 07/2024	Henson, Sharon Contributor address; City; Si Rockwall, TX 75087 pation / Job title (See Instructions Full name of contributor Higginbotham, Keith Contributor address; City; Si Scurry, TX 75158 pation / Job title (See Instructions Full name of contributor Highfield, Albert Contributor address; City; Si	tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code s) out-of-state PAC (ID#:_ tate; Zip Code TX 78133	Employer (See Instructions	s)	Amount of Contribution (\$)	\$25.00

					_		
	The Instru	ction Guide explains how	w to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/67 Rpt: 28/128	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
_		ert L. (The Honorable)				00067980	, , ,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/05/2024	Hill Country Hillside					\$500.00
		6 Contributor address; City; S	State; Zip Code				
		San Antonio, TX 78238					
8	Principal occu	pation / Job title (See Instruction	is)	9 Employer (See Instructions))		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/19/2024	Hill, Howard					\$100.00
		Contributor address; City; S	State; Zip Code				
		San Angelo, TX 76904-8					
	Principal occu	pation / Job title (See Instruction	IS)	Employer (See Instructions))		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/20/2024	HillCo PAC					\$1,000.00
		Contributor address; City; S	State; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instruction		Employer (See Instructions)		
	PAC				,		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/15/2024	HillCo PAC	—				\$1,000.00
		Contributor address; City; S	State; Zip Code				
	Dringingloog	Austin, TX 78701	\		Ļ		
	Principal occu PAC	pation / Job title (See Instruction	ιs)	Employer (See Instructions))		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/23/2024	Hines, Penny					\$10.00
		Contributor address; City; S	State; Zip Code				
		Pickerington, OH 43147	·		Ļ		
	Principal occu	pation / Job title (See Instruction	IS)	Employer (See Instructions))		

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/67 Rpt: 29/128	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		ert L. (The Honorable)			00067980	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/12/2024	Hollingsworth, Sarah				\$185.00
	1	6 Contributor address; City; State; Zip Code		1		
		Sunnyvale, TX 75102				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/18/2024	HomePAC of Texas				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PAC					
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/26/2024	Howard, Leroy			· · · · · · · · · · · · · · · · · · ·	\$200.00
	• · · = · ·	Contributor address; City; State; Zip Code		1		T
		Dallas, TX 75209				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	Howe, Kathy	/		Allount of Continention (+)	\$100.00
	00,10,202.	Contributor address; City; State; Zip Code				Ψ±00.00
		Contributor address, City, State, Zip Code				
		Rockwall, TX 75032				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	retired	· · · · · ·	retired	,		
⊨	Data	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	1	Amount of Contribution (\$)	
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#: Huddleston, Kason)			\$50.00
	12/02/2024					ψ30.00
		Contributor address; City; State; Zip Code				
		Rockwall, TX 75087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Minister		Freedom Place church	2)		
┝	Winnoton					

	The Instru	ction Guide explains how to complete this fo	ərm.	1	Total pages Schedule A1: Sch: 27/67 Rpt: 30/128	
2	FILER NAME Hall III, Robe	ert L. (The Honorable)		3	Filer ID (Ethics Commission 00067980	on Filers)
4	Date 12/02/2024	5 Full name of contributor out-of-state PAC (ID#: Huffines, Donald		7	Amount of Contribution (\$)	\$10,000.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75205				
8	Principal occu Co Founder	pation / Job title (See Instructions)	9 Employer (See Instructions) Huffines Communities	;)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#: Huffines, Phillip Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15,000.00
		Dallas, TX 75205		Ĺ		
	Principal occu Co Founder	pation / Job title (See Instructions)	Employer (See Instructions) Huffines Communities	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/26/2024	JES Holdings LLC				\$2,500.00
	Principal occu	Contributor address; City; State; Zip Code Columbia, MO 65203 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	PAC					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/25/2024	JRM Services				\$200.00
		Contributor address; City; State; Zip Code				
		Heath, TX 75032				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/14/2024	Jay Fuller Enterprises				\$1,200.00
		Contributor address; City; State; Zip Code				
		Canton, TX 75103				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	,)		

The Instru	uction Guide explains how to complete this f	f orm.	1 Total pages Schedule A1: Sch: 28/67 Rpt: 31/128	
2 FILER NAME	 E		3 Filer ID (Ethics Commissio	on Filers)
Hall III, Rob	pert L. (The Honorable)		00067980	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/12/2024				\$500.00
	6 Contributor address; City; State; Zip Code			
	Rockwall, TX 75087			
-	supation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/12/2024	Johnson and Johnson ATTYS			\$2,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	·····	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/18/2024	Johnson, Michael			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
-	upation / Job title (See Instructions)	Employer (See Instructions)		
Self		Brentwood Public Affairs	S	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/10/2024				\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75254			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/23/2024	Jones, Ken			\$100.00
	Contributor address; City; State; Zip Code			
	ROCKWALL, TX 75087			_
-	supation / Job title (See Instructions)	Employer (See Instructions))	
retired		retired		
		-		

7	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 29/67 Rpt: 32/128	
2 F	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		ert L. (The Honorable)			-	00067980	
4 [Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
0	09/23/2024 Jones, Ken					\$100.00	
		6 Contributor address; City; State; Zip Code					
		ROCKWALL, TX 75087					
		pation / Job title (See Instructions)	!	9 Employer (See Instructions)		
r	retired			retired			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
1	12/12/2024	Jones, Sharon					\$50.00
		Contributor address; City; State; Zip Code					
		The Colony, TX 75056					
F	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
1	12/13/2024	Keating, John					\$1,000.00
		Contributor address; City; State; Zip Code					
┝──	D in size la servi	Frisco, TX 75033					
	Principal occu retired	ipation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date	Full name of contributor out-of-state PA	PAC (ID#:)		Amount of Contribution (\$)	+
]]	12/05/2024	Kecseg, Wendy					\$200.00
		Contributor address; City; State; Zip Code					
		Winnsboro, TX 75494					
┝─┍	Princinal occu	ipation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u>		
	Retired			Retired)		
				,		Account of Contribution (\$)	
	Date 12/05/2024	Full name of contributor out-of-state PA	'AC (ID#:)		Amount of Contribution (\$)	ტაიე იე
-	12/03/2024	Kecseg, Wendy					\$300.00
		Contributor address; City; State; Zip Code					
		Winnsboro, TX 75494					
┝╴╒	Princinal occu	upation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired	,		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/67 Rpt: 33/128	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		ert L. (The Honorable)			00067980	Jii i iio.o,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/11/2024	Kennimer, Barbara Laverne				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		ROYSE CITY, TX 75189				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired	5)		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	08/27/2024	Kickapoo Traditional Tribe of Texas	/		Amount of Continuation (+)	\$5,000.00
	0012112027			ł		φ3,000.00
		Contributor address; City; State; Zip Code				
		Eagle Pass, TX 78852				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	PAC					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/31/2024	Kipphut, Mark				\$305.00
		Contributor address; City; State; Zip Code		ł		
		Rockwall, TX 75032				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Advis	sor	BCE Consulting			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	11/23/2024	Kohanski, Renee				\$50.00
		Contributor address; City; State; Zip Code		1		
		Somerset, NJ 08873-7459				_
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
-	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	11/23/2024	Kravchenko, Igor	/			\$100.00
	11/20/202-1			•		Φ100.00
		Contributor address; City; State; Zip Code				
		SCOTTSDALE, AZ 85251				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	MD		Self	5)		
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	The Instru	ction Guide explains how to c	omplete this fo	rm.	1	Total pages Schedule A1: Sch: 31/67 Rpt: 34/128	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hall III, Robert L. (The Honorable)				00067980	,	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	12/09/2024	Kuruvilla, Johnson					\$100.00
		6 Contributor address; City; State; Zi	p Code				
		Forney, TX 75126					
8	Principal occu	pation / Job title (See Instructions)	1	9 Employer (See Instructions	5)		
	Date	Full name of contributor	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Lenz, Lenny					\$100.00
		Contributor address; City; State; Zi	p Code				
		Van, TX 75790					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 🗌 ou	it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/24/2024	Lewis, Dennis					\$550.00
		Contributor address; City; State; Zi	p Code		1		
		Rockwall, TX 75032					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Vice Oreside	÷ L		Potter Concrete, Ltd			
	Date		t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/25/2024	Liechty, Mary					\$1,000.00
		Contributor address; City; State; Zi	p Code				
		Lipsth TX 75022					
┝	Dringing age	Heath, TX 75032		Employer (Coo Instructions			
	Vice Preside	pation / Job title (See Instructions)		Employer (See Instructions Liechty Family Partnersl			
╘							
	Date		t-of-state PAC (ID#:)		Amount of Contribution (\$)	#F00 00
	09/25/2024	Liechty, Paul					\$500.00
		Contributor address; City; State; Zi	p Code				
		Heath, TX 75032					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 :)		
	Chiropractor			American Integrated He		icare	
⊢	Chilophactor			, anchean integrated He	un		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/67 Rpt: 35/128	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Hall III, Robe	ert L. (The Honorable)			00067980	
4	Date 09/11/2024	5 Full name of contributor out-of-state PAC (ID#: London, Shari)	7	Amount of Contribution (\$)	\$500.00
	00/11/202			1		Ψ000.00
		6 Contributor address; City; State; Zip Code				
		Rockwall, TX 75032				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Geologist		Shari London Group LLC	с 		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/25/2024	London, Shari				\$250.00
	I	Contributor address; City; State; Zip Code				
		1				
		1				
		Rockwall, TX 75032				
		pation / Job title (See Instructions)	Employer (See Instructions)			
	Consultant		London Associates LLC			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/21/2024	Long, Randy				\$100.00
	l	Contributor address; City; State; Zip Code				
		1				
		Fate, TX 75189				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	retired	l l l l l l l l l l l l l l l l l l l	retired			
⊢	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/21/2024	Longbow Consulting Partners			-	\$500.00
	I	Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Longbow Pa	rtners				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/26/2024	Maddox, Donald	,		,	\$25.00
		Contributor address; City; State; Zip Code				·
		1				
		Farmington, CT 06032				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ل ۱		
	1 1			· ·		
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	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 33/67 Rpt: 36/128		
2	FILER NAME					3 Filer ID (Ethics Commission Filers)		
	Hall III, Robe	ert L. (The Honorable)			00067980			
4	Date	5 Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)		
	11/23/2024	Mainier, Lisa					\$200.00	
		6 Contributor address; City; State; Zip Code						
		Erie, PA 16506						
8	Principal occu	incipal occupation / Job title (See Instructions) 9 Employer (See Instruction						
_	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)		
	12/10/2024	Manchester, JJ					\$20.00	
		Contributor address; City; S		ł				
		Van Alstyne, TX 75495						
	Principal occu	rincipal occupation / Job title (See Instructions) Employer (See I			5)			
	Date	Full name of contributor)	Amount of Contribution (\$	Amount of Contribution (\$)			
	11/24/2024	1/24/2024 Marcus, Alexander					\$9.00	
		Contributor address; City; State; Zip Code						
		Basking Ridge, NJ 07920						
	Principal occu	upation / Job title (See Instructions	Employer (See Instructions	<u> </u>				
	1		5)		''			
	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)		
	12/10/2024	McArthur, Barbara				,	\$25.00	
		Contributor address; City; State; Zip Code					·	
		Arlington, TX 76017						
	Principal occupation / Job title (See Instructions) Employer (See Instru							
				<u> </u>				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)		
	07/02/2024	McCullough, Doug					\$300.00	
		Contributor address; City; State; Zip Code Fruitvale, TX 75127						
	Principal occu			Employer (See Instructions	$\sum_{i=1}^{n}$			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				5)			
<u> </u>								

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	The Instru	ction Guide explains hov	w to complete this f	örm.	1	Total pages Schedule A1: Sch: 34/67 Rpt: 37/128	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		ert L. (The Honorable)				00067980	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/13/2024	McCullough, Doug	—	_			\$300.00
		6 Contributor address; City; S	State; Zip Code				
		Fruitvale, TX 75127					
8	Principal occu	upation / Job title (See Instruction	IS)	9 Employer (See Instructions)	;)		
—	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/20/2024	McCullough, Lloyd	—				\$100.00
		Contributor address; City; S					
_		Wills Point, TX 75169			L		
-	Principal occu	upation / Job title (See Instruction	IS)	Employer (See Instructions)	;)		
_					_		
_	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/10/2024	McCullough, Lloyd					\$100.00
		Contributor address; City; S					
		Wills Point, TX 75169					
	Drincinal OCCI	upation / Job title (See Instruction:		Employer (See Instructions)	<u> </u>		
	Philopai occa	pation / our the loce moreoner.	5)		J		
_	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	09/19/2024	McElroy, Michael		,			\$100.00
		-	State; Zip Code				
		Rockwall, TX 75087					
	Principal occu	upation / Job title (See Instruction	IS)	Employer (See Instructions)	;)		
	retired			retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/11/2024	McGuirewoods					\$500.00
		Contributor address; City; S	State; Zip Code				
	<u> </u>	Richmond, VA 23219			Ĺ		
	Principal occu	upation / Job title (See Instruction	.S)	Employer (See Instructions))		
L							

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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 35/67 Rpt: 38/128	
2 FILER NAME		3 Filer ID (Ethics Commission	Filers)	
	ert L. (The Honorable)		00067980	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/26/2024				\$50.00
	6 Contributor address; City; State; Zip Code			
	Canton, TX 75103			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/01/2024				\$300.00
	Contributor address; City; State; Zip Code			
	DALLAS, TX 75231			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Consultant		McNamara Media, LLC		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/12/2024				\$100.00
	Contributor address; City; State; Zip Code			
	Canton, TX 75103			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/28/2024	Merrick, Susan			\$100.00
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613			
· ·	upation / Job title (See Instructions)	Employer (See Instructions		
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/01/2024				\$50.00
	Contributor address; City; State; Zip Code			
	Fate, TX 75189-4700			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
retired		retired		

The In	struction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 36/67 Rpt: 39/128
2 FILER N	AME		3 Filer ID (Ethics Commission Filers)
Hall III,	Robert L. (The Honorable)		00067980
4 Date	5 Full name of contributor out-of-state P	PAC (ID#:)	7 Amount of Contribution (\$)
11/23/2	,,		\$25.00
	6 Contributor address; City; State; Zip Code		1
	Colorada Caringa CO 90019		
9 Drincina	Colorado Springs, CO 80918	Employor (Soo Instruction	~\
8 Ρπιομα	occupation / Job title (See Instructions)	9 Employer (See Instruction:	5)
Date	Full name of contributor 🔲 out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
12/11/2			\$25.00
	Contributor address; City; State; Zip Code		1
Drinoino	Whitehouse, TX 75791	Employer (Soo Instruction	-
Principa retired	occupation / Job title (See Instructions)	Employer (See Instructions retired	5)
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
09/19/2			\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principa	occupation / Job title (See Instructions)	Employer (See Instructions	5)
PAC			
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
12/12/2	024 Mobbs, Don		\$25.00
	Contributor address; City; State; Zip Code		1
	Tyler, TX 75701		
Principa	occupation / Job title (See Instructions)	Employer (See Instruction	s)
-			,
Date	Full name of contributor Out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
12/12/2			\$120.00
	Contributor address; City; State; Zip Code		1
	Edgewood, TX 75117		
	occupation / Job title (See Instructions)	Employer (See Instruction	s)
retired		retired	

	The Instruc	ction Guide explains how to cor	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 37/67 Rpt: 40/128	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		ert L. (The Honorable)				00067980	
4	Date	5 Full name of contributor 🗌 out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/02/2024	Mooney, Michael					\$100.00
	ļ	6 Contributor address; City; State; Zip 0			1		
		Edgewood, TX 75117					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	retired			retired			
	Date	Full name of contributor out-o	of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Moore, Maurice					\$1,000.00
	ł	Contributor address; City; State; Zip C	Code		1		
	ļ	Dallas, TX 75220					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Deer Breedir	ng/Real Estate		Self Employed			
⊨	Date	Full name of contributor out-o	of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/24/2024	Morrow, Mary Helen					\$150.00
		Contributor address; City; State; Zip (Code		1		
	ļ		0000				
	ļ						
	ļ	Troup, TX 75789					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
╞	Date	Full name of contributor out-o	of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/25/2024	Muggeo, Patti	-				\$100.00
	ļ	Contributor address; City; State; Zip C	Code		1		
	ļ		0000				
	ļ						
	ļ	Rockwall, TX 75087					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			retired			
⊨	Date	Full name of contributor out-o	of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/11/2024	Murphy, Brian					\$850.00
	ļ	Contributor address; City; State; Zip C	Code				
	ļ						
	ļ	Dallas, TX 75225					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Real Estate			EDGE Realty Partners			
⊢			L				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/67 Rpt: 41/128	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hall III, Robe	ert L. (The Honorable)			00067980	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/23/2024	Myers, Karen				\$100.00
		6 Contributor address; City; State; Zip Code				
		1				
		Heath, TX 75032				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	3)		
	Realtor		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	NE Tarrant Tea Party PAC				\$100.00
		Contributor address; City; State; Zip Code		1		
		1				
		1				
		Grapevine, TX 76051				
		pation / Job title (See Instructions)	Employer (See Instructions)	3)		
	PAC		I			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	NRG Energy PAC				\$3,000.00
		Contributor address; City; State; Zip Code		1		
		1				
		1				
		Princeton, NJ 08540		L		
		pation / Job title (See Instructions)	Employer (See Instructions)	3)		
	PAC		J			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/29/2024	Nichols, Helen May				\$50.00
		Contributor address; City; State; Zip Code		1		
		1				
		1				
L		Mesquite, TX 75150]			
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
L	retired		retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	Nutt, Boyd				\$100.00
		Contributor address; City; State; Zip Code		1		
		1				
		Brenham, TX 77833]			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
L			L			

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The Instru	ction Guide explains how to complete	this form.	Sch: 39/67 Rpt: 42/128
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hall III, Robe	ert L. (The Honorable)		00067980
4 Date		\C (ID#:)	7 Amount of Contribution (\$)
07/11/2024			\$200.0
	6 Contributor address; City; State; Zip Code		
	Burnet, TX 78611		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions) ;)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)
12/01/2024	O'Bier, Cebron		\$150.0
	Contributor address; City; State; Zip Code		
	Aven, TV ZEEEA		
Drincinal occu	Avery, TX 75554	Employor (See Instructions	
	<pre>upation / Job title (See Instructions) epresentative</pre>	Employer (See Instructions Woodmenlife	5)
Date			Amount of Contribution (\$)
07/01/2024	Full name of contributor Out-of-state PAG	.C (ID#:)	Amount of Contribution (\$) \$5,000.0
01/01/202	Contributor address; City; State; Zip Code		
	Chattanooga, TN 37402		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Self	<u> </u>	Deer Breeder Rancher	
Date	Full name of contributor Out-of-state PAG	.C (ID#:)	Amount of Contribution (\$)
07/01/2024	Oehmig, Alice		\$5,000.C
	Contributor address; City; State; Zip Code		
	Chattanooga, TN 37402		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Self		Deer Breeder Rancher	
Date	Full name of contributor out-of-state PAG	.C (ID#:)	Amount of Contribution (\$)
12/11/2024	Oncor Texas PAC		\$5,000.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75202		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
PAC			,

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 40/67 Rpt: 43/128	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
		ert L. (The Honorable)		00067980	
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	09/10/2024	Overby, Gary			\$50.00
		6 Contributor address; City; State; Zip Code			
		Sachse, TX 75048			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
	retired		retired		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/21/2024	Parigi, John & Lisa			\$500.00
		Contributor address; City; State; Zip Code			
		Rockwall, TX 75087			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
	Healthcare C	Consultant	Administrative Executive	e Healthcare Services, LLC	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/09/2024	Parigi II, John S.)		\$1,200.00
	11/00/2024				<i>\$1,200.00</i>
		Contributor address; City; State; Zip Code			
		Rockwall, TX 75087			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
	J6er Suppor		American Patriot Relief	,	
	Date			Amount of Contribution (¢)	
	11/19/2024	Full name of contributor out-of-state PAC (ID#: Parlin, Troy)	Amount of Contribution (\$)	\$300.00
	11/19/2024	-			φ300.00
		Contributor address; City; State; Zip Code			
		Wills Point, TX 75169			
⊢	Dringing ogg		Employer (See Instructions	<u> </u>	
		pation / Job title (See Instructions) eck Airman, Test Pilot	Southwest Airlines Com		
	-				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/10/2024	Pearson, Marty			\$50.00
		Contributor address; City; State; Zip Code			
		Forney, TX 75126			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/67 Rpt: 44/128	
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
		ert L. (The Honorable)			00067980	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/25/2024	Peek, David				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Rowlett, TX 75089				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Treasurer		County of Rockwall, Tex	kas		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Perkins, Tillie				\$85.00
		Contributor address; City; State; Zip Code				
		Mesquite, TX 75149				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/02/2024	PhamPAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78757				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PAC					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/03/2024	Pope, Craig				\$300.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75080				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President, C	;EO	Aetna Glass Co.			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/08/2024	Pope, Craig				\$4,000.00
	Contributor address; City; State; Zip Code			1		
		Richardson, TX 75080				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner		Aetna Glass Company			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 42/67 Rpt: 45/128 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Hall III, Robert L. (The Honorable) 00067980 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/01/2024 Potts, Mark \$100.00 6 Contributor address; City; State; Zip Code Mabank, TX 75147 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/11/2024 \$100.00 Pounds, Bunni Contributor address; City; State; Zip Code Rowlett, TX 75088 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/24/2024 Powell, Emery \$10.00 Contributor address; City; State; Zip Code LaRue, TX 75770 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/24/2024 Powell, Emery \$10.00 Contributor address; City; State; Zip Code LaRue, TX 75770 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/24/2024 \$10.00 Powell, Emery Contributor address; City; State; Zip Code LaRue, TX 75770 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instru	ction Guide explains how to complete this f	orm.	1 I	Total pages Schedule A1: Sch: 43/67 Rpt: 46/128	
2 FILER NAME	2 FILER NAME				n Filers)
	ert L. (The Honorable)		1	Filer ID (Ethics Commission 00067980	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
10/24/2024	Powell, Emery				\$10.00
	6 Contributor address; City; State; Zip Code		1		
	LaRue, TX 75770				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
11/23/2024	Powell, Emery				\$10.00
	Contributor address; City; State; Zip Code		1		
	LaRue, TX 75770				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/10/2024	Puckett, Mary				\$500.00
			1		
	Rockwall, TX 75087				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Sales		Realtor			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/10/2024	Ralph, Eugene and Lillie				\$50.00
	Contributor address; City; State; Zip Code		1		
	Dallas, TX 75217				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/14/2024	Rathje, Carol				\$500.00
	Contributor address; City; State; Zip Code		1		
	Canton, TX 75103				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
retired		retired			
		I			

The Instru	ction Guide explains how to comp	lete this form.	1	Total pages Schedule A1: Sch: 44/67 Rpt: 47/128	
2 FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	ert L. (The Honorable)			00067980	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
11/23/2024					\$25.00
	6 Contributor address; City; State; Zip Code				
2 Duin singly again	Ashland, OR 97520		-+'		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instr	uctions)		
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of Contribution (\$)	
09/23/2024	Ray, Sharon				\$200.00
	Contributor address; City; State; Zip Cod	e			
	Royse City, TX 75189				
	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
Manager		Centerpilot LLC			
Date		ate PAC (ID#:		Amount of Contribution (\$)	* 05 00
12/12/2024	Reagan, Charlene				\$25.00
	Contributor address; City; State; Zip Cod	е			
	Spicewood, TX 78669				
Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	•				
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of Contribution (\$)	
12/06/2024	Rector, Jory				\$200.00
	Contributor address; City; State; Zip Cod	е			
- · · ·	San Angelo, TX 76903				
Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of Contribution (\$)	
12/10/2024	Redwine, Mickey				\$500.00
	Contributor address; City; State; Zip Cod	е			
	Ben Wheeler, TX 75754-5399				
	ipation / Job title (See Instructions)	Employer (See Instr	uctions)		
retired		retired			
retired		reureu			

	The Instru	ction Guide explains how to comple	te this fo	orm.	1	Total pages Schedule A1: Sch: 45/67 Rpt: 48/128	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		ert L. (The Honorable)				00067980	,
4	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)		
	12/05/2024	Reed, Donna					\$500.00
		6 Contributor address; City; State; Zip Code					
		Canton, TX 75103					
8	Principal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor Out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	07/02/2024	Reed, Donna					\$500.00
		Contributor address; City; State; Zip Code					
		Canton, TX 75103					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	L;)		
	Retired			Retired	,		
_					-	Amount of Contribution (\$)	
	Date		PAC (ID#:)		Amount of Contribution (\$)	#200 00
	10/29/2024						\$300.00
		Contributor address; City; State; Zip Code					
		Conton TV 7E102					
	D i sinchees	Canton, TX 75103		E l (O la structions	Ĺ		
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Real Estate			REMAX Landmark	_		
	Date)		Amount of Contribution (\$)	
	12/05/2024	Republicans Club of Van Zandt County					\$1,200.00
		Contributor address; City; State; Zip Code					
		Canton, TX 75103					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	11/21/2024	Richie, Carl	· _				\$500.00
		Contributor address; City; State; Zip Code					
		Windcrest, TX 78239					
-	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> د)		
	Attorney			Self Employed	''		

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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/67 Rpt: 49/128	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		ert L. (The Honorable)				00067980	, ,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/27/2024	Ripperger, Gary	—				\$15.00
		6 Contributor address; City; Si	State; Zip Code				
		Carmel, IN 46032					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Roach, David					\$100.00
		Contributor address; City; Si					
	D i sinclessi	Ben Wheeler, TX 75754	<u> </u>		Ļ		
	Principal occu	<pre>upation / Job title (See Instructions</pre>	3)	Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Roberts, Yvonne	—				\$25.00
		Contributor address; City; Si					
		Conthere TV 7E600					
	Dringing ogg	Carthage, TX 75633	- \		Ļ		
	Principal occu	<pre>upation / Job title (See Instructions</pre>	3)	Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/05/2024	Rockwall GOP					\$1,000.00
		Contributor address; City; Si	tate; Zip Code				
		Rockwall, TX 75087					
	Principal occu	pation / Job title (See Instructions	 s)	Employer (See Instructions	;)		
					,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2024	Rosado, Desi					\$120.00
		Contributor address; City; Si	tate; Zip Code				
	<u></u>	Forney, TX 75126	<u></u>	1 _ / 2 - 1 - 1 - 1	Ļ		
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions)		

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1:	
2 FILER NAME			Sch: 47/67 Rpt: 50/128	n Filore)
	- ert L. (The Honorable)		3 Filer ID (Ethics Commission 00067980	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/23/2024				\$250.00
	6 Contributor address; City; State; Zip Code			
	Tomball, TX 77375			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Psychiatric I	Physician	Cornerstone Psychiatry	Associates, PA	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/05/2024				\$150.00
	Contributor address; City; State; Zip Code			
	Rockwall, TX 75032			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
			,	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
11/21/2024	Ryall, Jean			\$500.00
	Contributor address; City; State; Zip Code			
Dringing occ	Austin, TX 78724			
	upation / Job title (See Instructions) and Regulatory Consultant	Employer (See Instructions United States Energy As		
Date				
11/07/2024)	Amount of Contribution (\$)	\$5,000.00
	Contributor address; City; State; Zip Code			Ψ0,000.00
	Dallas, TX 75240			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
PAC				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/10/2024				\$50.00
	Contributor address; City; State; Zip Code			
	Rockwall, TX 75032			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance A		Self	,	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 48/67 Rpt: 51/128	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	ert L. (The Honorable)		00067980	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/02/2024				\$50.00
	6 Contributor address; City; State; Zip Code			
	Rockwall, TX 75032			
-	upation / Job title (See Instructions)	9 Employer (See Instructions	S)	
Self		Ryan Insurance		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/19/2024	STACY, JOHN			\$200.00
	Contributor address; City; State; Zip Code		1	
	Fate, TX 75087			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
County Corr	ımissioner	Rockwall County		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/24/2024	Saber, Elie			\$250.00
	Contributor address; City; State; Zip Code		1	
	HOuston, TX 77018			
-	upation / Job title (See Instructions)	Employer (See Instructions		
physician		global Nephrology & Hy	pertension Clinic	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/20/2024	Sargent, Heather			\$50.00
	Contributor address; City; State; Zip Code		1	
	Rockwall, TX 75032			
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Consultant		HLS Consulting		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/25/2024	Sazerac Company PAC			\$1,000.00
	Contributor address; City; State; Zip Code		1	
	Washington, DC 20002			
·	upation / Job title (See Instructions)	Employer (See Instructions	s)	
PAC				
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The Instru	ction Guido explains how to complete	this form	1 Total pages Schedule A1:
	ction Guide explains how to complete		Sch: 49/67 Rpt: 52/128
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hall III, Robe	ert L. (The Honorable)		00067980
4 Date		AC (ID#:)	7 Amount of Contribution (\$)
12/01/2024			\$50.00
	6 Contributor address; City; State; Zip Code		
	Carrollton, TX 75006		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Warehouse		Premiere Stair and Doo	
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of Contribution (\$)
11/23/2024	Schiller, Mark		\$25.00
	Greenbrae, CA 94904		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of Contribution (\$)
11/15/2024	Schlafly, Andrew		\$250.00
	Contributor address; City; State; Zip Code		
	Far Hills, NJ 07931		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Attorney		Self-employed	5)
Date	Full name of contributor out-of-state P/		Amount of Contribution (\$)
12/03/2024	Schlafly, Bruce	AC (ID#	\$75.00
12,00,202	Contributor address; City; State; Zip Code		
	Saint Louis, MO 63131		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
07/02/2024	Schmidt, Bobby		\$1,000.00
	Contributor address; City; State; Zip Code		
D in single age	Kyle, TX 78640		
Principal occu Self	upation / Job title (See Instructions)	Employer (See Instructions Schmidt Ranch	s)
5611			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/67 Rpt: 53/128	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hall III, Robe	ert L. (The Honorable)			00067980	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/06/2024	Schmidt, Bobby	1			\$1,000.00
	I	6 Contributor address; City; State; Zip Code				
			1			
	Dringingloog	Kyle, TX 78640	C Employer (See Instruction)			
8	Principal occu Self	ipation / Job title (See Instructions)	9 Employer (See Instructions) Schmidt Ranch	;) 		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/23/2024	Schmidt, Bobby & Sue	1			\$1,000.00
	I	Contributor address; City; State; Zip Code				
			1			
		Niederwald, TX 78640				
	-	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Rancher		self-employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Schoen, Kenneth	1			\$500.00
	I	Contributor address; City; State; Zip Code				I
			1			
		1	1			
		Terrell, TX 75161				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Retired	,	Retired			
	Date	Full name of contributor out-of-state PAC (ID#:) !	Γ	Amount of Contribution (\$)	
	11/23/2024	Scott, Robert	1			\$25.00
	I	Contributor address; City; State; Zip Code				
			1			
			1			
		Milan, IL 61264	!			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		,	1			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Seay, Kathi				\$100.00
	I	Contributor address; City; State; Zip Code				
			1			
			1			
		Georgetown, TX 78628	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	上 3)		
			1	,		
-			<u> </u>			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 51/67 Rpt: 54/128 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Hall III, Robert L. (The Honorable) 00067980 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/12/2024 Seelig, Bonnie \$50.00 6 Contributor address; City; State; Zip Code Spicewood, TX 78669-3266 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/10/2024 \$50.00 Shackelford, Margaret Contributor address; City; State; Zip Code Deanville, TX 77852 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/23/2024 Shemer, Randy \$25.00 Contributor address; City; State; Zip Code Aliquippa, PA 15001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/21/2024 \$50.00 Simmons, Gina Contributor address; City; State; Zip Code Canton, TX 75103 Principal occupation / Job title (See Instructions) Employer (See Instructions) **HREC Group Inc** Head of People Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/14/2024 \$100.00 Sinclair, Bill Contributor address; City; State; Zip Code Rockwall, TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 52/67 Rpt: 55/128	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hall III, Robe	ert L. (The Honorable)			00067980	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	Slaton, Michael				\$300.00
		6 Contributor address; City; State; Zip Code		ł		
Ļ	<u> </u>	Sunnyvale, TX 75182		ļ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
F	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	12/05/2024	 Smajli, Mario				\$1,500.00
		Contributor address; City; State; Zip Code		1		
	Drive sized oppu	Rockwall, TX 75087	E-states (Cool potruction)			
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Luigi's Italian Caf	5)		
⊨				T		
	Date	—	C (ID#:)		Amount of Contribution (\$)	ቀፍብ በብ
	11/07/2024			ł		\$50.00
		Contributor address; City; State; Zip Code				
		Grand Saline, TX 75140				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Snavely, Jeremy				\$50.00
		Contributor address; City; State; Zip Code		1		
		Tucson, AZ 85711				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Timopa out			-,		
F	Date	Full name of contributor out-of-state PAC	 C (ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Spence, Dennis				\$500.00
		Contributor address; City; State; Zip Code		1		
		Edaphood TV 75117				
\vdash	Dringing oog	Edgewood, TX 75117	Employer (Coo Instruction)	<u> </u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Retiret					

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The Instrue	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 53/67 Rpt: 56/128	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Hall III, Robe	ert L. (The Honorable)				00067980	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
12/11/2024	Spitzer, Joyce					\$25.00
1	6 Contributor address; City; Si	tate; Zip Code		1		
	Belton, TX 76513					
8 Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u>ட</u> ல்		
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
09/21/2024	Stahl, M. J.		,		,	\$200.00
00,22,222	Contributor address; City; Si					ΨLUC
	Contributor address, City, S					
	ROCKWALL, TX 75087					
Principal occu	pation / Job title (See Instructions	<u></u>	Employer (See Instructions	<u>ا</u> ۱		
retired	panon	,	retired	·,		
Date	Full name of contributor			—	Amount of Contribution (\$)	
Dale 12/05/2024		out-of-state PAC (ID#:_)			\$5,000.00
12/03/2024	Stallings, Kyle					ΦΟ,000.00
	Contributor address; City; St	tate; Zip Code				
	Midland, TX 79702					
Bringinal occu	pation / Job title (See Instructions	<u></u>	Employer (See Instructions	Γ		
CEO and Fo)	Desert Royalty Company			
	1			y 		
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	+
11/23/2024	Stevanovic, Nebojsa					\$100.00
	Contributor address; City; Si	tate; Zip Code				
	Brookfield, WI 53005		(<u>)</u>	Ĺ		
Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	;)		
				—		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/03/2024	Stewart, James					\$50.00
	Contributor address; City; St	tate; Zip Code				
	San Antonio, TX 78253					
Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	;)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 54/67 Rpt: 57/128 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Hall III, Robert L. (The Honorable) 00067980 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/10/2024 Stewart, James \$25.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78253 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/23/2024 \$100.00 Stidham, Shane Contributor address; City; State; Zip Code Nichols Hills, OK 73116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/01/2024 \$50.00 Stonaker, Kathy Contributor address; City; State; Zip Code Mabank, TX 75147 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2024 \$500.00 Sullivan, Mari Contributor address; City; State; Zip Code Dallas, TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/05/2024 \$50.00 Sumner, T.E. Contributor address; City; State; Zip Code Rowlett, TX 75030 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

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	The Instruc	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/67 Rpt: 58/128	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hall III, Robe	ert L. (The Honorable)				00067980	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/29/2024	Swicegood, John					\$100.00
		6 Contributor address; City; Stat	te; Zip Code				
		FORT SMITH, AR 72903					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
			l				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷0.000.00
	12/03/2024	TALAPAC					\$2,000.00
		Contributor address; City; Stat	te; Zip Code				
		Austin, TX 78759					
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Philicipal occu PAC				り		
⊨					<u> </u>	Amount of Contribution (\$)	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ1 000 00</u>
	11/23/2024						\$1,000.00
		Contributor address; City; Stat	te; Zip Code				
		Helotes, TX 78023					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	PAC				,		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/24/2024	TURNER, JILLENE		,			\$50.00
		Contributor address; City; Stat	ite: Zip Code				
		,,,,,	,				
		Fort Worth, TX 76107					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/09/2024	TXTA TruckPAC					\$1,000.00
		Contributor address; City; Stat	te; Zip Code				
		Austin, TX 78762					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	PAC						

	The Instru	ction Guide explains how to complete	this forn	n.	1	Total pages Schedule A1: Sch: 56/67 Rpt: 59/128	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
		rt L. (The Honorable)				00067980	
4	Date	5 Full name of contributor out-of-state PA	.C (ID#:)	7	Amount of Contribution (\$)	
	11/25/2024	Tamft Family PAC					\$500.00
		6 Contributor address; City; State; Zip Code					
		Austin, TX 75701					
8	Princinal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
Ľ	PAC		Ĵ		,		
	Date	Full name of contributor out-of-state PA	.C (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Tang, James					\$50.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77082					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date		.C (ID#:)		Amount of Contribution (\$)	
	11/18/2024	Tarantino, Charles					\$300.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77018					
⊢	Bringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	retired			retired)		
╞							
	Date 09/17/2024	Full name of contributor Out-of-state PA Texans for Conservative Leadership	.C (ID#:)		Amount of Contribution (\$)	¢25 000 00
	09/1//2024						\$25,000.00
		Contributor address; City; State; Zip Code					
		Ft Worth, TX 76126					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	PAC						
	Date	Full name of contributor out-of-state PA	.C (ID#:)		Amount of Contribution (\$)	
	11/22/2024	Texans for Lawsuit Reform					\$15,000.00
		Contributor address; City; State; Zip Code					
L		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	PAC						
1							

			1 Total pages Schodule A1:
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 57/67 Rpt: 60/128
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hall III, Robe	ert L. (The Honorable)		00067980
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/12/2024	Texans for Lawsuit Reform		\$15,000.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
PAC			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/18/2024	Texas Assocation of Health Plans PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	pation / Job title (See Instructions)	Employer (See Instructions	
PAC			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/18/2024	Texas Association for Home Care and Hospice		\$1,500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78759		
Principal occu PAC	ipation / Job title (See Instructions)	Employer (See Instructions	
PAC			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/01/2024	Texas Association of Pawn Brokers		\$1,000.00
	Contributor address; City; State; Zip Code		
	Crawford, TX 76638		
Drinoinal agai	pation / Job title (See Instructions)	Employer (See Instructions	
Phillipal occu PAC		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/05/2024	Texas Dairyman PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78711		
Drinoinal agai		Employer (See Instructions	
Principal occu PAC	ipation / Job title (See Instructions)	Employer (See Instructions	7

The Instru	ction Guide explains how to o	complete this fo	vrm.		Total pages Schedule A1: Sch: 58/67 Rpt: 61/128	
2 FILER NAME					Filer ID (Ethics Commissio	n Filers)
	ert L. (The Honorable)				00067980	, in the is the isotropy of th
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/16/2024	Texas Deer Association PAC					\$2,500.00
	6 Contributor address; City; State; Z	Zip Code		1		
	Austin, TX 78703					
8 Principal occu PAC	upation / Job title (See Instructions)	1	9 Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
11/25/2024	Texas Land and Title Associati					\$7,500.00
	Contributor address; City; State; Z			ł		
	Austin, TX 78703					
Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
PAC				,		
Date	Full name of contributor)	1	Amount of Contribution (\$)	
09/03/2024		out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢2 000 00
09/03/2024	Texas Optometric Contributor address; City; State; Z					\$2,000.00
	Austin, TX 78705					
Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
PAC						
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/03/2024	Texas Podiatric Medical Assoc	· _				\$1,500.00
	Contributor address; City; State; Z			•		
	Austin, TX 78701					
Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
PAC				3)		
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
11/25/2024	Texas Realtors					\$5,000.00
	Contributor address; City; State; Z	Zip Code				
	Austin, TX 78768					
Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
PAC						
		I				

	The Instru	ction Guide explains how to complete this for	ırm.	1	Total pages Schedule A1: Sch: 59/67 Rpt: 62/128	
2	FILER NAME Hall III, Robe	ert L. (The Honorable)		3	Filer ID (Ethics Commission 00067980	on Filers)
4	Date 12/02/2024	5 Full name of contributor out-of-state PAC (ID#: Texas Sands PAC		7	Amount of Contribution (\$)	\$4,000.00
		6 Contributor address; City; State; Zip Code				
Ļ		Austin, TX 78701				
8	Principal occu PAC	pation / Job title (See Instructions) 9	9 Employer (See Instructions))		
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occl	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)	.)		
	PAC			,		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/27/2024	The Chickasaw Nation				\$2,500.00
	Principal occu	Contributor address; City; State; Zip Code Ada, OK 74820 pation / Job title (See Instructions)	Employer (See Instructions)	.)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	The Posey Law Firm				\$1,000.00
		Contributor address; City; State; Zip Code Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	
	09/18/2024	The Posey Law Firm PC				\$750.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
		.				

The Instru	etion Cuido explaine how to complete this f	form	1 Total pages Schedule A1:	
	ction Guide explains how to complete this f	orm.	Sch: 60/67 Rpt: 63/128	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
	ert L. (The Honorable)		00067980	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/29/2024	The US Oncology Network PAC			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	The Woodlands, TX 77380			
8 Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u> ;)	
PAC				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/05/2024	Thomas, Azreena			\$50.00
	Contributor address; City; State; Zip Code			
Dringing ago	San Antonio, TX 78232			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)	
Data	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
Date 09/22/2024	Full name of contributor out-of-state PAC (ID#: Trebes, James)	Amount of Contribution (\$)	\$200.00
0012212021	Contributor address; City; State; Zip Code			Ψ200.00
	Rockwall, TX 75087			
-	pation / Job title (See Instructions)	Employer (See Instructions)	3)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	:
09/26/2024	Trebes, James			\$250.00
	Contributor address; City; State; Zip Code			
	Rockwall, TX 75087			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)) 5)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/08/2024	Târantino, Charles			\$250.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77018			
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
retired		retired	<i>)</i>	

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 61/67 Rpt: 64/128	
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)		
		ert L. (The Honorable)			-	00067980	////
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	Valliant, Susan	_				\$50.00
		6 Contributor address; City; St	tate; Zip Code				
		Arlington, TX 76015					
8	Principal occu	upation / Job title (See Instructions	;)	9 Employer (See Instructions))		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/08/2024	Verizon Communications					\$1,000.00
		Contributor address; City; St					
		Austin, TX 78701					
	Principal occu PAC	upation / Job title (See Instructions	;)	Employer (See Instructions))		
	Date	Full name of contributor)		Amount of Contribution (\$)		
	12/05/2024	Villarreal, Valerie	_				\$1,700.00
		Contributor address; City; St	tate; Zip Code				
	Drive sized oppo	MABANK, TX 75147	<u></u>	Englisher (Cool Instruction)			
		upation / Job title (See Instructions	<i>i</i>)	Employer (See Instructions))		
	retired	.		retird	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/08/2024	Vrzalik, Jimmy Joe					\$300.00
		Contributor address; City; St					
		Terrell, TX 75160					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions))		
	Owner/Oper	ator		Vrzalik Sand & Gravel In	IC		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Vrzalik, Larry				,	\$100.00
	Contributor address; City; State; Zip Code						+= 00000
		Terrell, TX 75160					
	Principal occu	ipation / Job title (See Instructions	;)	Employer (See Instructions))		

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 62/67 Rpt: 65/128	
2 FILER NAME		3 Filer ID (Ethics Commission	Filers)	
	ert L. (The Honorable)	00067980	,,	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/14/2024	WP Legacy			\$500.00
	6 Contributor address; City; State; Zip Code			
	Red Oak, TX 75154			
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Self		Westlake Ranch		
Date	Full name of contributor out-of-state PAC (ID#:_	· ·)	Amount of Contribution (\$)	
09/19/2024	Wacker, Kathryn			\$50.00
	Contributor address; City; State; Zip Code			
	Rockwall, TX 75087			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/05/2024	Walker, Sam			\$200.00
	Contributor address; City; State; Zip Code			
	Rowlett, TX 75088	-		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/13/2024	Wang, Renfeng			\$100.00
	Contributor address; City; State; Zip Code		1	
	Euless, TX 76039			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	_
09/20/2024	Ward, John			\$200.00
	Contributor address; City; State; Zip Code		1	
	Heath, TX 75032	-		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
retired		retired		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 63/67 Rpt: 66/128	
2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)	
	ert L. (The Honorable)	00067980		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/22/2024	Weekley, Richard			\$5,000.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77027			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	; ;)	
Founder		Weekley Properties		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/19/2024	Werner, Robert			\$50.00
	Contributor address; City; State; Zip Code			
	Terrell, TX 75160			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/23/2024	White, Christine			\$25.00
	Overland Park, KS 66213			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) 3)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/11/2024	White, Frances			\$200.00
	Contributor address; City; State; Zip Code			
	Rockwall, TX 75087			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) 3)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/08/2024	White, Frances			\$100.00
	Contributor address; City; State; Zip Code			
	Rockwall, TX 75087			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions) 3)	
retired	· ·			
		1		

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	The Instru	ction Guide explains how t	1	Total pages Schedule A1: Sch: 64/67 Rpt: 67/128			
2	FILER NAME		3	Filer ID (Ethics Commissi	on Filers)		
		ert L. (The Honorable)		00067980			
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/18/2024	Whitley, David	_				\$500.00
	ł	6 Contributor address; City; State	te; Zip Code		1		
			· ·				
	1						
	ļ	Austin, TX 78735					
8	Principal occu	I upation / Job title (See Instructions)		9 Employer (See Instructions	上 3)		
	Attorney	•		Self	,		
	Date	Full name of contributor			—	Amount of Contribution (\$)	
			out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢100.00
	11/23/2024	Williams, David					\$100.00
	ļ	Contributor address; City; State	e; Zip Code				
	1						
		Anchorage, AK 99517					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	3)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/02/2024 Williams, Noland						\$100.00
	ł	Contributor address; City; State	te: Zip Code		1		
	1	, ,,	o, <u> </u>				
	1						
	ļ	Mabank, TX 75147					
┝	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)			
		•			,		
╞	Date	Full name of contributor			_	Amount of Contribution (\$)	
	09/16/2024	Williams, Noland	out-of-state PAC (ID#:)			\$150.00
	09/10/2024						ΦT20'00
	ļ	Contributor address; City; State	.e; Zip Code				
	ļ						
	ļ						
		Mabank, TX 75147			Ļ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/02/2024	Williams, Robert					\$10,000.00
	ļ	Contributor address; City; State		1			
	ļ	Terrell, TX 75160					
┝	Principal occu	I upation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> چ)		
	Self			Deer Breeder Rancher	.,		
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	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 65/67 Rpt: 68/128	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)	
		ert L. (The Honorable)	-	00067980	,		
4	Date	5 Full name of contributor out-of-	state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/24/2024	Wolkowicz, Joseph					\$25.00
		6 Contributor address; City; State; Zip Co					
		Leesburg, FL 34788					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	12/03/2024	Woolsey, Chris					\$250.00
		Contributor address; City; State; Zip Co					
		Corsicana, TX 75110					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Executive			Casita Travel Trailers			
⊨	Date	Full name of contributor	state PAC (ID# [.])		Amount of Contribution (\$)	
	09/26/2024	Yancey, Ken)			\$500.00
	00/20/2021	-				4000.00	
	Contributor address; City; State; Zip Code						
		Kerrville, TX 78028					
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)			
	Executive Di			Exotic Wildlife Association	·		
⊨	Date	Full name of contributor)		Amount of Contribution (\$)	
	12/11/2024	Young, Richard					\$10,000.00
	12/11/2024	-					\$10,000.00
		Contributor address; City; State; Zip Co	bae				
		Houston, TX 77041					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Self			Deer Breeder Rancher			
F	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	11/14/2024	Zanbanka Canton Realty					\$2,400.00
	Contributor address; City; State; Zip Code						
		Canton, TX 75103					
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
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1							

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 66/67 Rpt: 69/128 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Hall III, Robert L. (The Honorable) 00067980 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/23/2024 dunn, john \$100.00 6 Contributor address; City; State; Zip Code brownwood, TX 76801 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/23/2024 \$100.00 hughes, jane Contributor address; City; State; Zip Code San Antonio, TX 78212 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/12/2024 kelsay, doug \$50.00 Contributor address; City; State; Zip Code Bastrop, TX 78602 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/23/2024 \$100.00 maradani, sarita Contributor address; City; State; Zip Code austin, TX 78733 Principal occupation / Job title (See Instructions) Employer (See Instructions) physician austin women's clinic Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/05/2024 \$1,100.00 nolan, cyrena Contributor address; City; State; Zip Code Dallas, TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired self

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 67/67 Rpt: 70/128
2 FILER NAME Hall III, Robert L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067980
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 11/23/2024 stege, kathryn 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$100.00
athens, GA 30607 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) 09/29/2024 zarrabi, saam Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1,000.00
Irving, TX 75038 Principal occupation / Job title (See Instructions) Employer (See Instructions)	1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Transport Food/Beverage Expense Polling Expense Travel in I / - Gift/Awards/Memorials Expense Printing Expense Travel Ou				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	•	//	piete tine :	3	Filer ID (Ethics Commission Filers)			
1	Sch: 1/58 Rpt: 71/128		FILER NAME3 Filer ID(Ethics CommHall III, Robert L. (The Honorable)00067980							
4	Date	5	Payee name			•				
	12/10/2024 Allen, Nick									
6	Amount (\$)	7	Payee address; City; State;	Zip Coc	e					
\$1,000.00 2624 Metcalfe Rd. Austin, TX 78741										
8	PURPOSE	(a)			b) Description					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Gift (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
08/02/2024			Amazon							
	Amount (\$)		Payee address; City; State;	Zip Coc	e					
\$140.71 PO Box 81226 Seattle, TX 98108										
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	lule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name	_						
	08/05/2024		Amazon							
	Amount (\$)		Payee address; City; State;	Zip Coc	е					
\$157.64 PO Box 81226										
			Seattle, TX 98108							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	lule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		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/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tran Food/Beverage Expense Polling Expense Trav 3y - Gift/Awards/Memorials Expense Printing Expense Trav				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 2/58 Rpt: 72/128		all III, Robert L. (The Hor	norable)				00067980
4	Date 08/19/2024		ayee name mazon					
6	Amount (\$) \$169.47	Ρ	ayee address; City; O Box 81226 eattle, TX 98108	State;	; Zip Coo	le		
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies								
9	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held
	Date	Р	ayee name					
	09/12/2024	A	mazon					
	Amount (\$) Payee address; City; State; Zip Code \$9.84 PO Box 81226 Seattle, TX 98108							
	PURPOSE OF EXPENDITURE	(a) C	ategory (See Categories listed at ffice Overhead/Rental Ex		edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office sou	ht		Office held
	Date	Р	ayee name					
	09/12/2024		mazon					
					; Zip Coo	le		
			eattle, TX 98108					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at ffice Overhead/Rental E)		iedule)		ı, TX,	de of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice sou	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla		Office Over Polling Exp Printing Exp Salaries/Wa	head ense bens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	5	· · ·		011 10 11	·16		3	Filer ID (Ethics Commission Filers)
T	Sch: 3/58 Rpt: 73/128		Hall III, Robert L. (The Honorable)					3	O0067980
4	Date	5	Payee name						
	11/07/2024		Amazon						
6	Amount (\$)	7	Payee address; City; St	ate;	Zip Coc	le			
	\$242.08		PO Box 81226						
			Seattle, TX 98108						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s sched	dule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense						de of Texas. Complete Schedule T.
							Printer Ink	, IX,	officeholder living expense
				~ ~ ~					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Of	fice soug	ht			Office held
	Date		Payee name						
	11/18/2024		Amazon						
	Amount (\$)		Payee address; City; St	ate;	Zip Coc	le			
	\$128.19		PO Box 81226						
			Seattle, TX 98108						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s sched	dule)	(b)	Description		
	EXPENDITURE		Office Overhead/Rental Expense						de of Texas. Complete Schedule T. , officeholder living expense
							Supplies for I		
							Supplies for i	un	
	Complete ONLY if direct		andidate/Officeholder name	Off	fice soug	ht			Office held
	expenditure to benefit C/OI				nee soug	· · ·			
		1							
	Date		Payee name						
	11/19/2024		Amazon						
	Amount (\$)			ate;	Zip Coc	le			
	\$59.56		PO Box 81226						
			Seattle, TX 98108						
	PURPOSE	(a)	Category (See Categories listed at the top of this	s sched	dule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense						de of Texas. Complete Schedule T.
									officeholder living expense
							Supplies for I	-un	เนาสเรยา
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	fice soug	ht			Office held
	experience to benefit 0/01	•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Travel Out of District						ipment & Related Expense		
1	Total pages Schedule F1:	FILER NAME					3	Filer ID (Ethics Commission Filers)	
	Sch: 4/58 Rpt: 74/128	Hall III, Robe	00067980							
4	Date 12/17/2024	Payee name Amazon								
6	Amount (\$) \$156.95	Payee address PO Box 8122 Seattle, TX 9	26	State;	Zip Co	le				
8	PURPOSE OF EXPENDITURE		Categories listed at the to ead/Rental Exper		edule)		n, TX,	de of Texas. Comple officeholder living ex S		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	eholder name	С	Office sou	ıht		Office held		
	Date	Payee name								
	10/10/2024	Ambassador	s for Israel Interna	ational						
	Amount (\$)	Payee address	s; City;	State;	Zip Co	le				
	\$515.00	3021 Ridge F Rockwall, TX								
	PURPOSE OF EXPENDITURE	Category _{(See} Event Expen	Categories listed at the to	op of this sche	edule)		n, TX,	de of Texas. Comple officeholder living ex		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	eholder name	C	Office sou	Jht		Office held		
	Date	Payee name								
	07/15/2024	American Air	lines							
	Amount (\$) \$35.00	Payee address PO Box 6196		State;	Zip Co	le				
		DFW Airport,	TX 75261		r					
	PURPOSE OF EXPENDITURE	Category _{(See} Fees	Categories listed at the to	op of this sche	edule)			de of Texas. Comple officeholder living ex		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	eholder name	C	Dffice sou	ıht		Office held		

			EXPENDITURE CATEG	ORIES FOR	R BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 5/58 Rpt: 75/128		Hall III, Robert L. (The Honorable)				00067980
4	Date		Payee name				
	07/15/2024		American Airlines				
6	Amount (\$)		5	te; Zip Co	ode		
	\$35.00		PO Box 619616				
			DFW Airport, TX 75261				
8	PURPOSE OF		Category (See Categories listed at the top of this s	schedule)	(b) Description		
	EXPENDITURE		Fees				side of Texas. Complete Schedule T. K, officeholder living expense
					Airline Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught		Office held
	Date		Payee name				
	07/15/2024		American Airlines				
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode		
	\$44.10		PO Box 619616				
			DFW Airport, TX 75261				
	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 Airline Fee 				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	l Jght		Office held
	Date		Payee name				
	07/15/2024		American Airlines				
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode		
	\$44.10		PO Box 619616				
			DFW Airport, TX 75261				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Fees	schedule)		stin, TX	side of Texas. Complete Schedule T. K, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught		Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/58 Rpt: 76/128	Hall III, Robert L. (The Honorable)	00067980
4	Date 07/15/2024	Payee name American Airlines	
6	Amount (\$) \$44.10	Payee address; City; State; Zip Code PO Box 619616 DFW Airport, TX 75261	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/22/2024	American Airlines	
	Amount (\$) \$35.00	Payee address; City; State; Zip Code PO Box 619616 DFW Airport, TX 75261	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/22/2024	American Airlines	
	Amount (\$) \$35.00	Payee address; City; State; Zip Code PO Box 619616	
		DFW Airport, TX 75261	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATEGOR	IES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	ense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
-	Sch: 7/58 Rpt: 77/128	-	Hall III, Robert L. (The Honorable)			ľ	00067980				
4	Date 10/04/2024	5	Payee name American Legion Post 117								
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 609 S Goliad Rockwall, TX 75087									
8	 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 Sponsor 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	ht		Office held				
	Date		Payee name								
	08/02/2024		Arrow King Storage								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$120.00		13432 FM 859 West Point, TX 75169								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense Storage				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	ht		Office held				
	Date		Payee name								
	09/30/2024		Arrow King Storage								
	Amount (\$) \$120.00		Payee address; City; State; 13432 FM 859	Zip Co	le						
			West Point, TX 75169								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense Storage				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	ht		Office held				

		EXPENDITURE CATEGORIES	FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	Repayment/Reimbursement c Overhead/Rental Expense gg Expense ng Expense ies/Wages/Contract Labor c complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)								
	Sch: 8/58 Rpt: 78/128	lall III, Robert L. (The Honorable)		00067980								
4	Date 10/30/2024	ayee name rrow King Storage										
6	Amount (\$) \$60.00											
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense em Storage								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held								
	Date	ayee name										
	12/06/2024	rrow King Storage										
	Amount (\$) \$60.00	ayee address; City; State; Zip 3432 FM 859 Vest Point, TX 75169	Code									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense em Storage								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held								
	Date	ayee name										
	07/15/2024	est Western										
	Amount (\$) \$120.91	ayee address; City; State; Zip 700 North Plaza Drive	Code									
		FW Airport, TX 75261										
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) fffice Overhead/Rental Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense								
ļ	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Comr	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 F	ILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 9/58 Rpt: 79/128		lall III, Robert L. (The Honorable)				00067980		
4	Date 07/22/2024		ayee name eest Western						
6	Amount (\$) \$2,409.36	2	ayee address; City; State; 424 University Ave 1adison, WI 53726	Zip Coo	e				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Cravel Out of District	edule)			de of Texas. Complete Schedule T. officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name O	ffice soug	ht		Office held		
	Date	F	ayee name						
	08/05/2024	E	est Western						
	Amount (\$) \$114.99		ayee address; City; State; 65 E Courtland St	Zip Coo	е				
			/idor, TX 77662						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name O	ffice soug	ht		Office held		
	Date	F	ayee name						
	07/11/2024		Frent Hagenbuch						
	Amount (\$) \$2,000.00		ayee address; City; State; 800 Shoreline Dr	Zip Coo	е				
			Denton, TX 76210						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi				de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name O	ffice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 10/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980			
4	Date	5	Payee name							
	07/01/2024		Cabo Bobs							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$360.08		2828 Rio Grande St							
			Austin, TX 78705							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.			
						, TX,	officeholder living expense			
					Office Lunch					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	yht		Office held			
	Date		Payee name							
	08/13/2024		Cabo Bobs							
				Zin Co						
	Amount (\$)			Zip Co	le					
	\$427.28		2828 Rio Grande St							
			Austin, TX 78705							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T. , officeholder living expense			
					Office Lunch	, .,,				
	Complete ONLY if direct		candidate/Officeholder name C) Office sou	aht		Office held			
	expenditure to benefit C/OI	H		·						
	Date		Payee name							
	09/05/2024		Canton Main Street							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$250.00		290 E Tyler	•						
			Canton, TX 75103							
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description	oute:	de of Texas. Complete Schedule T.			
	EXPENDITURE		Event Expense				officeholder living expense			
					Event Spons					
-	Complete ONLY if direct	<u>ر</u>	candidate/Officeholder name C	Office sou	aht		Office held			
	expenditure to benefit C/Oł				g					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 11/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980				
4	Date	5	Payee name								
	11/05/2024	-	Canton Texas Chamber of Commerce								
6	Amount (\$)	7		Zip Co	10						
ľ	\$40.00	ľ	611 S Trade Days	210 000							
	Q-10.00										
			Canton, TX 75103								
_											
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	oute	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Fees				, officeholder living expense				
					Darade Fee						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ht		Office held				
	Date		Payee name								
	08/02/2024		Capitol Gift Shop								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$119.08		1100 Congress Ave								
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C)ffice sou	ht		Office held				
	Date		Payee name								
	11/18/2024		Capitol Gift Shop								
	Amount (\$)		· · ·	Zip Co	le						
	\$664.66		1100 Congress Ave	p 000							
	+001100		00 00.19.0007.10								
			Austin, TX 78701								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	oute	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Office Overhead/Rental Expense			I, TX	, officeholder living expense				
	Complete ONLY if direct	L(Candidate/Officeholder name C	Office soug	lht		Office held				
	expenditure to benefit C/OI										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equ Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of Distri					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME 3					Filer ID (Ethics Commission Filers)		
	Sch: 12/58 Rpt:		Hall III, Robert L. (The Honorable	e)				00067980		
4	Date 12/10/2024		Payee name							
			Caughron, Faith							
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$318.75 4007 VZ CR 3213 5 5 5									
			Wills Point, TX 75169							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Office Overhead/Rental Expense		edule)	Check if Austir	ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Celebration Fundraiser		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	12/10/2024		Christian Times Magazine							
	Amount (\$) \$300.00		Payee address; City; PO Box 360722 Dallas, TX 75336	State;	; Zip Coo	e				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o	of this scho	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held		
	Date		Payee name							
	07/09/2024		City of Austin							
	Amount (\$) \$44.88		Payee address; City; P.O. Box 2267	State;	; Zip Coo	e				
			Austin, TX 78783							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Office Overhead/Rental Expense		edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held		

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)					
-	Sch: 13/58 Rpt:		Hall III, Robert L. (The Honorable)00067980									
4	Date 08/06/2024	5	Payee name City of Austin									
6	Amount (\$) \$38.81	7	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 sche Office Overhead/Rental Expense	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office souç	ht		Office held					
	Date		Payee name									
	08/13/2024		City of Austin									
	Amount (\$) \$22.32		P.O. Box 2267	Zip Coo	le							
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78783 Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		n, TX,	de of Texas. Complete Schedule T. . officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice souç	ht		Office held					
	Date		Payee name									
	09/25/2024		Comfort Suites Inn									
	Amount (\$) \$82.91		Payee address;City;State;8155 North Sam Houston Pkwy	Zip Coo	le							
			Houston, TX 77064									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)			de of Texas. Complete Schedule T. , officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office soug	ht		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 14/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980				
4	Date	5	Payee name								
	12/18/2024		Cotton Court Hotel								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
-	\$20.68	-	1610 Broadway St	, _, _,							
			Lubbock, TX 79401								
_	DUDDOCC	(-)			(h)						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	nutsi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Fees				officeholder living expense				
					Parking Fee						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	12/18/2024		Cotton Court Hotel								
	Amount (\$)		Payee address; City; State;	; Zip Co	de						
	\$280.75		1610 Broadway St								
			Lubbock, TX 79401								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T. officeholder living expense				
					Room Stay	,,					
					,						
	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	aht		Office held				
	expenditure to benefit C/OF				5						
	Data	<u> </u>									
	Date 12/12/2024		Payee name Culpepper Steakhouse								
				7: 0	-1 -						
	Amount (\$)			; Zip Co	de						
	\$773.96		309 I 30 Frontage Rd								
			Rockwall, TX 75087	-							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.				
					Staff Christma		officeholder living expense				
						uS	i arty				
	Complete ON! V if direct	Ľ	Condidate/Officeholder acros		abt		Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ynı		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 15/58 Rpt:		Hall III, Robert L. (The Honorable)					00067980				
4	Date	5	Payee name									
	08/30/2024		Dennys									
6	Amount (\$)	7										
	\$74.83		17400 N Hwy 20									
			Canton, TX 75103									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of t	his sched	dule)	(b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice soug	ht		Office held				
	Date		Payee name									
	07/02/2024 Gables Park											
	Amount (\$)		Payee address; City;	State;	Zip Coo	le						
	\$3,600.00 115 Sandra Muraida Way											
			Austin, TX 78703									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of t Office Overhead/Rental Expense	his sched	dule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice soug	ht		Office held				
	Date		Payee name									
	08/02/2024		Gables Park									
	Amount (\$)		Payee address; City;	State;	Zip Coo	le						
	\$3,600.00		115 Sandra Muraida Way									
			Austin, TX 78703		i							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of t Office Overhead/Rental Expense	his sched	dule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice soug	ht		Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 16/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980								
4	Date 08/06/2024	Payee name Gables Park									
6	Amount (\$) \$126.15	7 Payee address; City; State; Zip Code 26.15 115 Sandra Muraida Way Austin, TX 78703									
8	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 Rental Expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/03/2024	Gables Park									
	Amount (\$) \$3,600.00	Payee address; City; State; Zip Code 115 Sandra Muraida Way Austin, TX 78703 Austin, TX 78703									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense SE								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date 10/03/2024	Payee name Gables Park									
	Amount (\$) \$3,600.00	Payee address; City; State; Zip Code 115 Sandra Muraida Way									
		Austin, TX 78703									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense SE								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 17/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980				
4	Date 10/07/2024	5	Payee name Gables Park								
6	Amount (\$) \$269.26	7	115 Sandra Muraida Way Austin, TX 78703								
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 <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held				
	Date		Payee name								
	11/04/2024 Gables Park										
	Amount (\$) Payee address; City; State; Zip Code \$3,600.00 115 Sandra Muraida Way Austin, TX 78703										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ht		Office held				
	Date		Payee name								
	12/02/2024		Gables Park								
	Amount (\$) \$3,600.00		Payee address; City; State; 115 Sandra Muraida Way	Zip Co	le						
			Austin, TX 78703								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ht		Office held				

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)				
-	Sch: 18/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980				
4	Date 12/04/2024		Payee name Gables Park								
6	Amount (\$) \$262.36		115 Sandra Muraida Way								
Austin, TX 78703 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. X (b) Check if travel outside of Texas. Complete Schedule T. X (c) Check if Austin, TX, officeholder living expense Rental Expense							-				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	jht		Office held				
	Date		Payee name								
	12/10/2024 Gibson, AnnaKate										
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$1,000.00		530 st Mary's rd Rosanky, TX 78953								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	yht		Office held				
	Date		Payee name								
	08/15/2024		Golden Corridor Republican Women								
	Amount (\$) \$200.00		Payee address; City; State; PO Box 162	Zip Co	de						
			Frisco, TX 75034								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense Ship				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held				

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FII FR NAME	-		·	3	Filer ID (Ethics Commission Filers)			
	Sch: 19/58 Rpt:		Hall III, Robert L. (The Honoral	ble)				00067980			
4	Date 07/03/2024		Payee name Google Suite								
6	Amount (\$) \$53.73		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Email Hosting Fee							, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ıht		Office held			
	Date		Payee name								
07/22/2024 Google Suite											
	Amount (\$) Payee address; City; State; Zip Code \$85.28 1600 Amphitheatre Parkway										
	PURPOSE OF EXPENDITURE	(a)	Mountain View, CA 94043 Category (See Categories listed at the to Office Overhead/Rental Expen		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held			
	Date		Payee name								
	08/01/2024		Google Suite								
	Amount (\$) \$50.00	I	Payee address; City; 1600 Amphitheatre Parkway	State;	Zip Co	le					
			Mountain View, CA 94043								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expen		edule)		ι, TX,	ide of Texas. Complete Schedule T. , officeholder living expense EE			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ıht		Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gft/Awards/Memorials Expense Printing Expense bmmittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 20/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980							
4	Date 09/03/2024	Payee name Google Suite								
6	Amount (\$) \$48.61	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
10/01/2024 Google Suite										
	Amount (\$) Payee address; City; State; Zip Code \$48.61 1600 Amphitheatre Parkway Mountain View, CA 94043									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Rental Expense Check if trat	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ing Fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/01/2024	Google Suite								
	Amount (\$) \$48.61	Payee address;City;State;ZipCode1600 Amphitheatre Parkway								
		Mountain View, CA 94043								
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Hosting Fee										
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 21/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980							
4	Date 12/02/2024	Payee name Google Suite								
6	Amount (\$) \$85.28	7 Payee address; City; State; Zip Code 3 1600 Amphitheatre Parkway Mountain View, CA 94043								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/01/2024 Grassroots America We the People									
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,058.00	PO Box 130012 Tyler, TX 75713								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ſ							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/07/2024	Grassroots America We the People								
	Amount (\$) \$80.00	Payee address;City;State;Zip CodePO Box 130012								
		Tyler, TX 75713								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 22/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980				
4	Date 07/05/2024		Payee name Gringolet Internet - VICI Media								
6	Amount (\$)			Zip Co	do						
0	\$120.09		816 Big Woods Road								
			Longview, TX 75605								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Website Update						officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	10/02/2024 Gringolet Internet - VICI Media										
	Amount (\$) Payee address; City; State; Zip Code										
	\$224.18		816 Big Woods Road Longview, TX 75605								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	12/10/2024		Harris Pest Control								
	Amount (\$) \$96.00		Payee address; City; State; 9989 FM 724	Zip Co	de						
			Tyler, TX 75704								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense trol				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office held				

			EXPENDITURE CATE	GORIES FO	R BC	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office O Polling I Printing Salaries	verhea Expense Expense /Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 F	·				3	Filer ID	(Ethics Commission Filers)		
-	Sch: 23/58 Rpt:		Iall III, Robert L. (The Honorable)					00067980	()		
4	Date 08/16/2024		ayee name lobby Lobby								
6	Amount (\$) \$59.43	8	Payee address; City; State; Zip Code 8000 Research Blvd Austin, TX 78758								
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office so	ought			Office he	ld		
	Date	Р	ayee name								
	10/28/2024 Hobby Lobby										
	Amount (\$) Payee address; City; State; Zip Code \$27.05 8000 Research Blvd Austin, TX 78758										
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of th office Overhead/Rental Expense	is schedule)	(b)			de of Texas. Comp officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office so	ught			Office he	ld		
	Date	Р	ayee name								
	09/25/2024	F	loliday Inn Express								
	Amount (\$) \$125.19		ayee address; City; S 1606 Spring Plaza	tate; Zip C	code						
		S	pring, TX 77388								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of th ravel Out of District	is schedule)	(b)			de of Texas. Comp officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office so	ught			Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 24/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980								
4	Date 07/15/2024	Payee name Home2Suites									
_											
6	Amount (\$) \$204.35	7 Payee address; City; State; Zip Code 4340 W Airport Fwy Irving, TX 75062									
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Travel Out of District									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/17/2024 Hope Pregnancy										
	Amount (\$)	Payee address; City; State; Zip Code									
	\$425.00	885 tx 243 Canton, TX 75103									
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ISOI								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/01/2024	Houston Toll TRA									
	Amount (\$) \$54.40	Payee address; City; State; Zip Code 4012 S Dairy Ashford Rd									
		Houston, TX 77077									
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense								
ļ	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 25/58 Rpt:		all III, Robert L. (The Hono	rable)				00067980	``````````````````````````````````````		
4	Date 12/02/2024		ayee name C S Board Shack								
6	Amount (\$) \$216.50	3:	Payee address; City; State; Zip Code 3304 Wesley St Greenville, TX 75401								
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 Coin Holder for Office 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld		
	Date	Pa	ayee name								
	12/10/2024 Johnson, Shannon										
	Amount (\$)Payee address;City;State; Zip Code\$1,500.00635 Harris Drive										
		A	ustin, TX 78737								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the ift/Awards/Memorials Expe		edule)			de of Texas. Com officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld		
	Date	Pa	ayee name								
	08/12/2024	K	eep Mesquite Beautiful								
	Amount (\$) \$310.89		ayee address; City; 616 N Galloway Ave	State;	; Zip Coc	e					
		Μ	esquite, TX 75149								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the /ent Expense	e top of this sch	edule)		ı, TX,	de of Texas. Com officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld		

			EXPENDITURE CA	TEGO	RIES FOR	BOX 8(a))					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens	se	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbi head/Rental I ense pense ages/Contract	ursement Expense t Labor		Travel in District Travel Out of Dist	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 26/58 Rpt:		Hall III, Robert L. (The Honorabl	e)					00067980			
4	Date 12/10/2024		Payee name Lane, Amy									
6	Amount (\$)	7	Payee address; City;	State:	; Zip Co	le						
-	\$2,000.00		3300 Lime Kiln									
		<u> </u>	San Marcos, TX 78666									
8	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 Gift 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	Jht			Office he	ld		
	Date		Payee name									
	12/10/2024		Lannon, Charlott									
	Amount (\$)		Payee address; City;	State;	; Zip Co	de						
	\$1,000.00		3206 Kerbey Ln Austin, TX 78703									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Gift/Awards/Memorials Expense		iedule)		eck if travel o		de of Texas. Comp officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht			Office he	ld		
	Date		Payee name									
	08/20/2024		Laramore Osborne American Le	gion								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le						
	\$200.00		PO Box 344									
			Royse City, TX 75189									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Gift/Awards/Memorials Expense		edule)		eck if travel o		de of Texas. Comp officeholder living			
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	Jht			Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling E Printing E Salaries/	ayme erhea kpense xpens Xpens Wages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 27/58 Rpt:		Hall III, Robert L. (The Honorable)					00067980		
4	Date	5	Payee name							
	07/12/2024		Legislative Solutions							
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	ode					
	\$350.00		807 Brazos	· •						
			Austin, TX 78701							
8	DUDDOSE	(0)	Orthonom		(b)	Description				
ð	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(U)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Fees					officeholder living expense		
						Fundraising A	Ad (Cost		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	08/30/2024		Longhorn Trophie							
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode					
	\$31.39		5555 N Lamar Blvd Building E, Suite	e E126						
			Austin, TX 78751							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description	outoi	de of Toylog, Complete Cohodule T		
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. officeholder living expense		
						Name Tags				
						-				
	Complete ONLY if direct	(candidate/Officeholder name	Office sou	ıght			Office held		
	expenditure to benefit C/OF	Н			-					
	Date		Payee name							
	09/18/2024		Longhorn Trophie							
	Amount (\$)		<u> </u>	ate; Zip Co	aha					
	\$112.04		5555 N Lamar Blvd Building E, Suite		Jue					
	φ112.04			. [120						
			Austin, TX 78751		-					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
						Name Tags	, IX,	officeholder living expense		
						nume rays				
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou				Office held		
	expenditure to benefit C/OF			Unice SOL	igiit			Onice neid		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)					
-	Sch: 28/58 Rpt:	2	Hall III, Robert L. (The Honorable)			5	00067980					
4	Date	5 Payee name										
	11/14/2024		Longhorn Trophie									
6	. ,	7		Zip Co	de							
	\$31.39		5555 N Lamar Blvd Building E, Suite E:	126								
			Austin, TX 78751									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Office Overhead/Rental Expense	ŕ	Check if travel	outsi	de of Texas. Complete Schedule T.					
	EXPENDITORE					, TX,	officeholder living expense					
					Name Tags							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	jht		Office held					
	Date		Payee name									
	07/22/2024		MKE Nonna									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$51.24		5300 S Howell Ave									
			Madison, WI 53207									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T. , officeholder living expense					
	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	iht		Office held					
	expenditure to benefit C/Oł				,							
-	Date	<u> </u>										
	07/22/2024		Payee name Maddison Taxi									
				7: 0								
	Amount (\$)			Zip Co	le							
	\$223.55		1403 Gilson St									
			Madison, WI 53715	<u>-</u>								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description							
	EXPENDITURE		Fees				de of Texas. Complete Schedule T.					
					Travel	, IX,	officeholder living expense					
					TUVEI							
	Complete ONL V if direct	Ļ	Candidate/Officeholder name O	Office sou	abt		Office held					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			mice sou	jiit							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 29/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980					
4	Date 07/17/2024	5	Payee name Madison Metro									
6	Amount (\$) \$65.30		7 Payee address; City; State; Zip Code 1245 E Washington Madison, TX 53703									
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense re					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office souç	ht		Office held					
	Date		Payee name									
	07/17/2024		Madison Metro									
	Amount (\$) \$65.30		Payee address; City; State; 1245 E Washington Madison, TX 53703	Zip Coo	le							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		n, TX,	de of Texas. Complete Schedule T. . officeholder living expense f C					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	ht		Office held					
	Date		Payee name									
	07/03/2024		Mailchimp									
	Amount (\$) \$319.80		Payee address; City; State; 675 Ponce de Leon Ave NE	Zip Coo	le							
			Atlanta, GA 30308									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense EE					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office soug	ht		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)							
-	Sch: 30/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980							
4	Date 07/29/2024	5 Payee name Mailchimp								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$319.80	675 Ponce de Leon Ave NE Atlanta, GA 30308								
8	PURPOSE	(b) Description								
0	OF	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense Fee							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/28/2024	Mailchimp								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$319.80	675 Ponce de Leon Ave NE Atlanta, GA 30308								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/30/2024	Mailchimp								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$319.80	675 Ponce de Leon Ave NE								
		Atlanta, GA 30308								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Fee							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)							
1	Sch: 31/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980							
4	Date	5 Payee name								
	10/29/2024	Mailchimp								
6	Amount (\$) \$319.80	 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Atlanta, GA 30308 								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense Fee							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/29/2024	Mailchimp								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$319.80	675 Ponce de Leon Ave NE Atlanta, GA 30308								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/30/2024	Mailchimp								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$319.80	675 Ponce de Leon Ave NE								
		Atlanta, GA 30308								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 32/58 Rpt:		Hall III, Robert L. (The Honorable))				00067980		
4	Date	5	Payee name							
	12/10/2024		McGregor, Thomas							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de				
	\$1,000.00		11301 Farrah Ln Unit 233							
		<u> </u>	Austin, TX 78748							
8	PURPOSE OF		Category (See Categories listed at the top of t	his sche	edule)	(b) Description				
	EXPENDITURE		Gift/Awards/Memorials Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	office soug	yht		Office held		
	Date		Payee name							
	08/15/2024		Microsoft							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$108.24		1 Microsoft Way							
			,							
			Redmond, WA 98052							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of t Fees	his sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
						Software Sul				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	0	office soug	yht		Office held		
	Date		Payee name							
	08/14/2024		Minuteman Press							
	Amount (\$)		Payee address; City;	State:	Zip Co	de				
	\$2,360.22		1221 W 6th St Suite B		·					
			Austin, TX 78703							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Printing Expense	his sche	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense S		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	0	office soug	Jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 33/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980			
4	Date	5	Payee name							
	09/25/2024		Minuteman Press							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$26.11		1221 W 6th St Suite B							
			Austin, TX 78703							
_	DUDDOCC				(h) -					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Printing Expense				, officeholder living expense			
					Printing					
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	jht		Office held			
	Date		Payee name							
	09/26/2024		Minuteman Press							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$8.09		1221 W 6th St Suite B							
			Austin, TX 78703							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description					
	EXPENDITURE		Printing Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Printing	, 17,				
	Complete ONLY if direct		Candidate/Officeholder name O	ffice sou	iht		Office held			
	expenditure to benefit C/Oł				,					
-	Data	_								
	Date 10/03/2024		Payee name Minuteman Press							
				7. 0						
	Amount (\$)			Zip Co	le					
	\$35.47		1221 W 6th St Suite B							
			Austin, TX 78703							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description					
	OF EXPENDITURE		Printing Expense				ide of Texas. Complete Schedule T.			
						ι, TΧ,	, officeholder living expense			
					Printing					
L	Complete ON! V if direct	Ľ	Condidate/Officeholder serve	ffico.com	t		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	jiit		Unice neid			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 34/58 Rpt:		Hall III, Robert L. (The Honorable))				00067980		
4	Date 11/07/2024	5	Payee name Morris, Chris							
6	Amount (\$)	7	Payee address; City;	State:	Zip Coo	е				
	\$20.00		508 FM 4108 Canton, TX 75103		·					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Event Expense	this scheo	dule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense event entry		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	ht		Office held		
	Date		Payee name							
	12/10/2024		Morris, Chris							
	Amount (\$)		Payee address; City;	State;	Zip Coo	е				
	\$1,500.00		702 VZCR 4410 Ben Wheeler, TX 75754							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Gift/Awards/Memorials Expense	this scheo	dule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held		
	Date		Payee name							
	09/05/2024		Navarro GOP							
	Amount (\$) \$120.00		Payee address; City; P.O. Box 1272	State;	Zip Coo	e				
			Corsicana, TX 75151		i					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Event Expense	this scheo	dule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tran Food/Beverage Expense Polling Expense Trav y - Gift/Awards/Memorials Expense Printing Expense Trav					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 35/58 Rpt:		Hall III, Robert L. (The Honorable)	00067980						
4	Date	5	Payee name							
	10/25/2024		North Loop Signs and Graphic Shop							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode					
	\$163.81		102 N Loop Blvd							
			Austin, TX 78751							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hadula)	(b)	Description				
-	OF		Office Overhead/Rental Expense	neuule)			outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense		
						Banner Print				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	09/26/2024		North Star Uniform							
	Amount (\$)		Payee address; City; State	e; Zip Co	ode					
	\$227.32		202 E Goshen St							
	+									
			Canton, TX 75103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sci	hedule)	(b)	Description				
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. , officeholder living expense		
						Staff Shirts a				
						Stan Shints a	nu			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l			Office held		
	expenditure to benefit C/Oł		candidate/Onicendider name	Office Sou	iyin			Office field		
	Date		Payee name							
	12/04/2024		North Star Uniform							
	Amount (\$)		Payee address; City; State	e; Zip Co	ode					
	\$70.00		202 E Goshen St							
			Canton, TX 75103		_					
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						Staff Shirts a	nd	Jackets		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
		1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp	ense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ient & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Eth	nics Commission Filers)			
	Sch: 36/58 Rpt:		Hall III, Robert L. (The Honora									
4	Date 08/30/2024		Payee name Omni Hotel									
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de						
	\$117.52	\$117.52 11 Cowboys Way Frisco, TX 75034										
_												
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Travel Out of District	p of this sch	nedule)			de of Texas. Complete s				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght		Office held				
	Date		Payee name									
	11/08/2024		Quattro Gatti									
	Amount (\$)		Payee address; City;	State	; Zip Co	de						
	\$174.68											
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	p of this sch	nedule)			de of Texas. Complete s officeholder living expe				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held				
	Date		Payee name									
	12/10/2024		Ray, Miles									
	Amount (\$) \$1,000.00	I	Payee address; City; 6508 Scenic Cove	State	; Zip Coo	de						
			Austin, TX 78739									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Gift/Awards/Memorials Expens		nedule)			de of Texas. Complete s officeholder living expe				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	ffice Overh olling Expe rinting Exp alaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 37/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980			
4	Date	5	Payee name							
	10/29/2024		Republican Club of Van Zandt County							
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	е					
	\$208.65		220 Burnett Trail							
			Canton, TX 75103							
8	PURPOSE	(a)			b) Description					
Ŭ	OF	(4)	Category (See Categories listed at the top of this schedule Event Expense	le)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Event Expense				, officeholder living expense			
					Event Spons	or T	Ficket			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Offic	ce soug	nt		Office held			
	Date		Payee name							
	08/16/2024		Roaring Fork							
	Amount (\$)		Payee address; City; State; Z	Zip Cod	e					
	\$54.80		701 Congress Ave							
	\$0 H00									
			Austin, TX 78701							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule	le) (b) Description					
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.			
					Check if Austin, TX, officeholder living expense					
					Lunch					
	Complete ONLY if direct		Candidate/Officeholder name Offic	ce soug	at		Office held			
	expenditure to benefit C/OI			ce soug	it.		Onice held			
		_								
	Date		Payee name							
	08/19/2024		Rockwall Area Chamber of Commerce							
	Amount (\$)		Payee address; City; State; Z	Zip Cod	e					
	\$250.00		697 E I-30							
			Rockwall, TX 75087							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	le) (b) Description					
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Annual Spon	sor	ship			
	Complete ONLY if direct		Candidate/Officeholder name Offic	ce soug	nt		Office held			
	expenditure to benefit C/OI	-1								

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 38/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980				
4	Date	5	Payee name								
	10/29/2024		Rockwall Area Chamber of Commerce	;							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$150.00		697 E I-30								
		Rockwall, TX 75087									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Event Expense				de of Texas. Complete Schedule T.				
							officeholder living expense				
					Event Spons	J	licket				
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name (Office sou	gnt		Office held				
	Date		Payee name								
	08/12/2024		Rockwall County GOP								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$400.00		112 Kenway								
			Rockwall, TX 75087								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Event Expense	nedule)		, тх	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name 0	Office sou	ght		Office held				
	Date		Payee name								
	09/05/2024		Rockwall County GOP								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$160.00		112 Kenway								
			2								
			Rockwall, TX 75087								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description	outei	de of Texas. Complete Schedule T.				
	EXPENDITURE		Event Expense				officeholder living expense				
-	Complete ONLY if direct	L(Candidate/Officeholder name 0	Office sou	aht		Office held				
	expenditure to benefit C/Oł				J -						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	nmittee	Event Exp Fees Food/Bev Gift/Award Legal Ser	oense erage Expense ds/Memorials Exper	nse	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ymer rhead bense pense 'ages/	nt/Reimbursement I/Rental Expense e /Contract Labor		Transportation I Travel in Distric Travel Out of D		
1	Total pages Schedule F1:	2	FILER NAM	=						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 39/58 Rpt:				The Honorab	le)					00067980		
4	Date	5	Payee name										
	11/12/2024		Rockwall C		GOP								
6	Amount (\$)	7	Payee addre	SS;	City;	State;	Zip Co	de					
	\$300.00		112 Kenwa	y									
				-									
			Rockwall, 1	X 7508	37								
8	PURPOSE	(a)	Category					(h)	Description				
ľ	OF	("	Event Expe		ries listed at the top	of this sche	dule)	(5)		outsi	de of Texas. Con	nplete Schedule T	
	EXPENDITURE			.1130							officeholder livin		
									Event Sponse	or			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholde	r name	0	ffice sou	ght			Office h	eld	
	Date		Payee name										
	08/12/2024		Rockwall R	epublic	an Mens Clul	b							
⊢	Amount (\$)		Payee addre	SS:	City;	State:	Zip Co	de					
	\$200.00		PO Box 61			,							
	\$200.00		I O DOX OI	<u>_</u>									
			Rockwall, 1	X 7508	37								
	PURPOSE OF EXPENDITURE	(a)	Category (S Event Expe		ries listed at the top	of this sche	dule)			, тх,	de of Texas. Con , officeholder livin	nplete Schedule T g expense	
	Complete ONLY if direct		Candidate/Off	icoholdo	r name		ffice sou	aht			Office h	old	
	expenditure to benefit C/OI			icentitue	rname	0	nice sou	JIII			Onice II	eiu	
	_	<u> </u>											
	Date		Payee name										
	08/16/2024		Royse City	Chamb	er								
	Amount (\$)		Payee addre	SS;	City;	State;	Zip Co	de					
	\$20.00		216 N Arch	St suite	e d								
			Royse City	, TX 75	189								
	PURPOSE	(a)	Category (S	ee Catego	ries listed at the top	of this sche	edule)	(b)	Description				
			Event Expe				,		Check if travel	outsi	de of Texas. Con	nplete Schedule T	
	EXPENDITURE									, TX,	officeholder livin	g expense	
									Event Ticket				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholde	r name	0	ffice sou	ght			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	head/Re ense pense ages/Co	ntract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel in District Travel Out of District OTHER (enter a category not listed above)	ise
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Commission I	-ilers)
	Sch: 40/58 Rpt:		Hall III, Robert L. (The Honorable	e)					00067980	
4	Date	5	Payee name							
	10/07/2024		Sabrinas Flowers							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de				
	\$191.53		1903 S Goliad							
			Rockwall, TX 75087							
8	PURPOSE	(a)	Category (See Categories listed at the top of	f this sch	edule)	(b) De	escription			
	OF EXPENDITURE		Gift/Awards/Memorials Expense		,		Check if travel o	outsic	de of Texas. Complete Schedule T.	
	EXPENDITORE						4		officeholder living expense	
						Be	ereavement	Gi	ft	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office souç	ght			Office held	
	Date		Payee name							
	08/13/2024		Sams Club							
	Amount (\$)		Payee address; City;	State:	Zip Co	de				
	\$285.21		9700 N Capital of Texas Hwy		•					
	\$200121									
			Austin, TX 78759							
	PURPOSE OF	(a)	Category (See Categories listed at the top of		edule)	(b) De	escription			
	EXPENDITURE		Office Overhead/Rental Expense	•			4		de of Texas. Complete Schedule T. officeholder living expense	
							4		ods and non parishables	
						0	mee'r uper v	000	dia and non parishables	
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	nht			Office held	
	expenditure to benefit C/Oł					,				
_	Date		Payee name							
	12/17/2024		Sams Club							
				04-4-4-	7: 0	1				
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$353.34		9700 N Capital of Texas Hwy							
			Austin, TX 78759							
	PURPOSE	(a)	Category (See Categories listed at the top of	f this sch	edule)	(b) De	escription			
	OF EXPENDITURE		Office Overhead/Rental Expense	9			4		de of Texas. Complete Schedule T.	
						L	4		officeholder living expense	
						Se	ession Peris	snal	ule Goods	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 41/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980						
4	Date 12/10/2024	Payee name Seay, Kathi							
6	Amount (\$) \$1,000.00								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/13/2024	Silver Spur Resort							
	Amount (\$) \$2,044.66	Payee address; City; State; Zip Code 13785 TX-19							
		Canton, TX 75103							
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ndraiser Catered Food						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/10/2024	Silver Spur Resort							
	Amount (\$) \$397.02	Payee address; City; State; Zip Code 13785 TX-19							
		Canton, TX 75103							
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ndraiser Catered Food						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a categor	nt & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethi	cs Commission Filers)	
	Sch: 42/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980		
4	Date	5	Payee name						
	12/11/2024		Silver Spur Resort						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$2,300.00		13785 TX-19						
			Canton, TX 75103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Sc		
							, officeholder living expens		
					Campaign Fi	inu	Iraiser Catered Fo	Juu	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice souç	ht		Office held		
_	Date		Payee name						
	12/16/2024		Silver Spur Resort						
	Amount (\$)			Zip Co	10				
	\$641.68		13785 TX-19						
	\$041.00		13783 17-19						
			Canton, TX 75103						
	PURPOSE OF		Category (See Categories listed at the top of this scheet	dule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete So , officeholder living expens		
							Iraiser Catered Fo		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice sou	ht		Office held		
		_							
	Date		Payee name						
	12/16/2024		Sir Speedy						
	Amount (\$)			Zip Co	le				
	\$1,895.71		600 Congress Ave						
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description				
	OF EXPENDITURE		Printing Expense				ide of Texas. Complete So		
	-				Printing Chris		, officeholder living expens	se	
						sull			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice souç	ht		Office held		

			EXPENDITURE CA	TEGORIE	S FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens	Lo Ofi Po e Pri Sa	an Repay fice Overh olling Expe inting Exp alaries/Wa	ment/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 43/58 Rpt:		Hall III, Robert L. (The Honorable	e)				00067980	
4	Date	5	Payee name						
	09/16/2024		Southwest Airlines						
6	Amount (\$)	7	Payee address; City;	State; Z	ip Cod	e			
	\$80.00		PO Box 36647						
			Dallas, TX 75235						
8	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule	e) (Description			
	OF EXPENDITURE		Fees					ide of Texas. Com	
						Airline Fee	ι, TΧ,	, officeholder living	expense
						Annie i ee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Offic	e sougl	nt		Office he	eld
	Date		Payee name						
	09/16/2024		Southwest Airlines						
	Amount (\$)		Payee address; City;	State; Z	ip Cod	9			
	\$1,765.92		PO Box 36647						
			Dallas, TX 75235						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Travel Out of District	f this schedule	e) (Check if Austin	ı, ТХ,	ide of Texas. Com , officeholder living	
						Out of Area 1	rav	vei	
	Complete ONLY if direct		Candidate/Officeholder name	Offic	e soug	nt		Office he	ald
	expenditure to benefit C/OI			Cilic	o oougi	it.			
	Date		Payee name						
	10/04/2024		Southwest Airlines						
	Amount (\$)		Payee address; City;	State; Z	in Cod				
	\$120.00		PO Box 36647	State, 2	.ip 000	-			
	+==0.00								
			Dallas, TX 75235						
	PURPOSE OF		Category (See Categories listed at the top of	f this schedule	e) (Description	oute	ide of Texas. Com	nloto Schodulo T
	EXPENDITURE		Fees					, officeholder living	
						Airline Fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Offic	e soug	nt		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	erhea cpense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 44/58 Rpt:		Hall III, Robert L. (The Honorable)					00067980		
4	Date	5	Payee name				I			
	12/11/2024		Southwest Airlines							
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode					
	\$80.00		PO Box 36647	<i>·</i>						
			Dallas, TX 75235							
8	PURPOSE	<u> </u>	Orthogram		(h)	Description				
°	OF	(a)	Category (See Categories listed at the top of this s	schedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		1003			Check if Austin	, TX,	officeholder living expense		
						Airline Fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	12/11/2024		Southwest Airlines							
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode					
	\$1,116.92		PO Box 36647							
			Dallas, TX 75235							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Travel Out of District	schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct		candidate/Officeholder name	Office sou	l Jaht			Office held		
	expenditure to benefit C/OF	Н			5					
-	Date		Payee name							
	09/20/2024		Swedish Hill							
	Amount (\$)			te; Zip Co	nde					
	\$71.44		1128 W 6th St	ie, zip et	Jue					
	φ11.44									
			Austin, TX 78703		ī					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description	outo:	de of Texas. Complete Schedule T.		
	EXPENDITURE		Event Expense				, TX,	officeholder living expense		
					Ļ					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 45/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980						
4	Date 07/15/2024	Payee name TGI Fridays							
6	Amount (\$) \$43.32	Payee address; City; State; Zip Code Intl Airport Terminal A, Dallas Fort Worth DFW Airport, TX 75261							
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/26/2024	TacoDeli							
	Amount (\$) \$65.65	Payee address; City; State; Zip Code 301 Congress Ave Austin, TX 78701							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/13/2024	Terrell Chamber of Commerce							
	Amount (\$) \$50.00	Payee address; City; State; Zip Code PO Box 97							
		Terrell, TX 75160							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense tS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide ex	Office Polling Printin Salarie	Overh Expe g Exp es/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 46/58 Rpt:		Hall III, Robert L. (The Honorable)				00067980	
4	Date 07/17/2024		Payee name Texans For Medical Freedome						
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e			
	\$260.73								
			Arlington, TX 76012						
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 Sponsor						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ougl	nt		Office held	
	Date		Payee name						
	07/22/2024		Texas Senate						
	Amount (\$)		Payee address; City;	State; Zip	Cod	e			
	\$1,112.50		1100 Congress Ave Austin, TX 78701						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Gift/Awards/Memorials Expense	this schedule)	(ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense =lags	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ougl	nt		Office held	
	Date		Payee name						
	11/20/2024		Texas Senate						
	Amount (\$)		Payee address; City;	State; Zip	Cod	e			
	\$1,750.00		1100 Congress Ave						
			Austin, TX 78701		-				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Gift/Awards/Memorials Expense	this schedule)	(ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense alendars	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	oug	nt		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 47/58 Rpt:		Hall III, Robert L. (The Honorable)					00067980	
4	Date	5	Payee name						
	07/22/2024		The Coopers Tavern						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode				
	\$37.76		20 W Miffin St						
			Madison, WI 53703						
8	PURPOSE	(2)			(h)	Description			
°	OF	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	iedule)	(0)	Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Develage Expense			브		, officeholder living expense	
						Lunch			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	10/24/2024		The Lumber Yard						
				. 7:0 00					
	Amount (\$)			; Zip Co	bae				
	\$66.06		1748 S Buffalo						
			Canton, TX 75103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.	
							, TX,	, officeholder living expense	
						Supplies			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ignt			Office held	
	•								
	Date		Payee name						
	07/11/2024		The Parking Spot						
	Amount (\$)		Payee address; City; State	; Zip Co	ode				
	\$190.05		1945 Valley View Ln						
			Irving, TX 75061						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description			
	OF		Fees	iouuloj			outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE						, TX,	, officeholder living expense	
						Parking			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held	
		1							

			EXPENDITURE	CATEGORI	ES FOR	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense	Loan Repay Office Overh Polling Expe Printing Exp Salaries/Wa	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID	(Ethics Commission Filers)
	Sch: 48/58 Rpt:		obert L. (The Honor	able)				00067980	
4	Date	Payee nar	ne				•		
	10/03/2024	The Park							
6	Amount (\$)	Payee add	lress; City;	State;	Zip Cod	9			
	\$77.46	1945 Val	ley View Ln						
		Irving, T>	(75061						
8	PURPOSE) Category	(See Categories listed at the	top of this sched	dule) (I	Description			
	OF EXPENDITURE	Fees							nplete Schedule T.
							I, TX	, officeholder living	g expense
						Parking			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	Off	fice sougl	nt		Office he	eld
	Date	Payee nar	ne						
	08/20/2024	Tiffs Trea	its						
	Amount (\$)	Payee add	lress; City;	State;	Zip Cod	9			
	\$56.34	1806 Nu	eces St						
		Austin, T							
	PURPOSE OF		(See Categories listed at the		dule) (I	Description			
	EXPENDITURE	Gift/Awaı	ds/Memorials Exper	ise				ide of Texas. Com , officeholder living	plete Schedule T.
						Gift	I, IA	, onicendider hving	j expense
	Complete ONLY if direct	Candidate/	Officeholder name	Off	fice sougl	nt		Office he	eld
	expenditure to benefit C/OI								
	Date	Payee nar	ne						
	08/20/2024	Tiffs Trea	ats						
	Amount (\$)	Payee add	lress; City;	State;	Zip Cod	9			
	\$53.89	1806 Nu	eces St						
		Austin, T							
	PURPOSE OF		(See Categories listed at the		dule)	Description	o	ide of T	valata Cabadula T
	EXPENDITURE	Gift/Awai	ds/Memorials Exper	ise				ide of Texas. Com , officeholder living	nplete Schedule T.
						Gift	I, I A	, σπισεποιαθη πνιΠί	y cyhenise
						Cit			
	Complete ONLY if direct	Candidate/0	Officeholder name	Off	fice sougl	nt		Office he	eld
	expenditure to benefit C/OF				5				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Over the second	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	LER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 49/58 Rpt:	all III, Robert L. (The Hor	norable)		00067980					
4	Date 08/27/2024	Payee name Tiffs Treats								
6	Amount (\$) \$34.49	7 Payee address; City; State; Zip Code 1806 Nueces St Austin, TX 78701								
8	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 Gift									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ught	Office held					
	Date	ayee name								
	08/27/2024	ffs Treats								
	Amount (\$) \$62.09	ayee address; City; 306 Nueces St ustin, TX 78701	State; Zip C	ode						
	PURPOSE OF EXPENDITURE	ategory _{(See Categories listed at} ift/Awards/Memorials Exp			outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ught	Office held					
	Date	ayee name								
	09/04/2024	ffs Treats								
	Amount (\$) \$34.49	ayee address; City; 806 Nueces St	State; Zip C	ode						
		ustin, TX 78701		1						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at ift/Awards/Memorials Exp			outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ught	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)						
-	Sch: 50/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980						
4	Date 09/09/2024	Payee name Tiffs Treats							
6	Amount (\$) \$34.49	Payee address; City; State; Zip Code 1806 Nueces St Austin, TX 78701							
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/19/2024	Tiffs Treats							
	Amount (\$) \$58.39	Payee address; City; State; Zip Code 1806 Nueces St							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/09/2024	Townplace Suites							
	Amount (\$) \$335.61	Payee address; City; State; Zip Code 11031 Fountain Lake Dr							
		Stafford, TX 77477							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contrac The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 51/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980				
4	Date 07/19/2024	Payee name					
_		Trump National					
6	Amount (\$) \$80.00	7 Payee address; City; State; Zip Code 310 First Street Washington, DC 20003					
8	PURPOSE OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/08/2024	JSPS					
	Amount (\$) \$30.45	Payee address; City; State; Zip Code 1001 W Dallas Canton, TX 75103					
	PURPOSE OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/22/2024	JSPS					
	Amount (\$) \$56.00	Payee address; City; State; Zip Code 1001 W Dallas					
		Canton, TX 75103					
	PURPOSE OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 52/58 Rpt:		Hall III, Robert L. (The Honor	able)				00067980
4	Date	5	Payee name					
	11/19/2024		USPS					
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le		
	\$84.00		1001 W Dallas					
			Canton, TX 75103					
8	PURPOSE	(a)	Category (See Categories listed at the	ton of this sch	edule)	(b) Description		
	OF EXPENDITURE		Fees		icuaic)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE						ı, ТХ,	, officeholder living expense
						Shipping		
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	ht		Office held
	Date		Payee name					
	12/24/2024		USPS					
	Amount (\$)		Payee address; City;	State	; Zip Co	le		
	\$10.36		1001 W Dallas					
			Canton, TX 75103					
	PURPOSE	(a)	Category (See Categories listed at the		a dula)	(b) Description		
	OF		Fees	top of this sch	iedule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						ı, ТХ,	, officeholder living expense
						Shipping		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	lht		Office held
	Date		Payee name					
	12/27/2024		USPS					
	Amount (\$)		Payee address; City;	State	; Zip Co	le		
	\$73.00		1001 W Dallas					
			Canton, TX 75103					
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Fees					ide of Texas. Complete Schedule T.
	-					Shipping	ι, TX,	, officeholder living expense
						Shipping		
-	Complete ONLY if direct		Candidate/Officeholder name		Office soug	iht		Office held
	expenditure to benefit C/OF			, c	2000 3000	p n.		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILE	ER NAME				3	Filer ID (Ethics Com	mission Filers)
	Sch: 53/58 Rpt:	Hal	I III, Robert L. (The Honora	able)				00067980	
4	Date	5 Pay	ee name						
	08/12/2024	Ube	er						
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Coo	е			
	\$20.99	-	East Third Street						
		Aus	tin, TX 78701						
8	PURPOSE				L	b) Decemination			
0	OF	(a) Cate Fee	(top of this sche	edule)	b) Description	outsi	de of Texas. Complete Schedule T	
	EXPENDITURE	ree	.5					officeholder living expense	
						Travel			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	0	Office soug	ht		Office held	
	Date	Pay	ee name						
	08/12/2024	Ube	er						
	Amount (\$)	Pay	ee address; City;	State;	Zip Coo	е			
	\$3.00	201	East Third Street						
		Aus	tin, TX 78701						
	PURPOSE OF EXPENDITURE	(a) Cate Fee	egory (See Categories listed at the ess	top of this sche	edule)			de of Texas. Complete Schedule T officeholder living expense	
	Complete ONLY if direct	Cand	idate/Officeholder name	0)ffice soug	ht		Office held	
	expenditure to benefit C/Oł			U					
	Date	Day	00 0000						
	08/13/2024	Ube	ee name er						
				Stata	Zin Cor				
	Amount (\$) \$18.02		ee address; City; . East Third Street	Sidle,	Zip Coo	e			
	\$10.UZ	201	East mill Sileet						
		Aus	tin, TX 78701						
	PURPOSE OF		egory (See Categories listed at the	top of this sche	edule)	b) Description			
	EXPENDITURE	Fee	es					de of Texas. Complete Schedule T officeholder living expense	
						Travel	.,	Surger and the second s	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	0	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Polling Expense Travel in District /- Gift/Awards/Memorials Expense Printing Expense Travel Out of District			Transportation Equipment & Related Expense Travel in District		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 54/58 Rpt:		Hall III, Robert L. (The Honoral	ble)				00067980
4	Date	5	Payee name				-	
	08/13/2024		Uber					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le		
	\$23.90		201 East Third Street					
			Austin, TX 78701					
8	PURPOSE		0-4	n of this oshe	dula)	b) Description		
-	OF		Category (See Categories listed at the to Fees	p of this sche	dule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	ı, TX,	, officeholder living expense
						Travel		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ot	ffice souç	ht		Office held
	Date		Payee name					
	10/04/2024		Uber					
	Amount (\$)		Payee address; City;	State;	Zip Co	le		
	\$15.92		201 East Third Street					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	dule)	b) Description		
	OF EXPENDITURE		Fees		,			ide of Texas. Complete Schedule T.
	Check if Austin, TX, officenoider living expense					, officeholder living expense		
						Travel		
	Complete ONIL V if direct		andidate/Officeholder name	0	ffice cour	bt.		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		anuluale/Onicenoluer name	0	ffice soug	in and a second s		Office held
	Data	_						
	Date 11/12/2024		Payee name Uber					
				<u></u>	7. 0			
	Amount (\$)		Payee address; City;	State;	Zip Coo	le		
	\$7.98		201 East Third Street					
			Austin, TX 78701					
	PURPOSE		Category (See Categories listed at the to	n of this saba	dule)	b) Description		
	OF		Fees	p or and solid	autoj		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						, TX,	, officeholder living expense
						Travel		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 55/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980			
4	Date	Payee name	· · · · · · · · · · · · · · · · · · ·			
	11/19/2024	Uber				
6	Amount (\$)	Payee address; City; State; Zip Code				
U	\$1.00	201 East Third Street Austin, TX 78701				
8	PURPOSE					
0	OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/06/2024	University of Houston				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.00	4224 Elgin Houston, TX 77204				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/29/2024	Vick, John				
	Amount (\$) \$551.49	Payee address;City;State;Zip Code302 Shepard's Hill Drive				
		Rockwall, TX 75087				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense or vehicle rental and gas			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 56/58 Rpt:	Hall III, Robert L. (The Honorable)	00067980			
4	Date 12/10/2024	Payee name Vick, John				
6	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 302 Shepards Hill Rockwall, TX 75087				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/29/2024	Vick, john				
	Amount (\$) \$139.00	Payee address; City; State; Zip Code 302 Shepard's Hill Drive Rockwall, TX 75087				
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense r vehicle rental and gas			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/24/2024	Vista Print				
	Amount (\$) \$427.59	Payee address;City;State;Zip Code95 Hayden Ave				
		Lexington, MA 02421				
	PURPOSE OF EXPENDITURE		butside of Texas. Complete Schedule T. TX, officeholder living expense Bags			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T - Gitf/Awards/Memorials Expense Printing Expense T		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	LER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 57/58 Rpt:	all III, Robert L. (The Honorable)		00067980			
4	Date 07/01/2024	ayee name /almart					
6	Amount (\$) \$56.76	7 Payee address; City; State; Zip Code 603 TX-243 Canton, TX 75103					
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 Office Supplies					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	ce sought	Office held			
	Date	ayee name					
	07/10/2024	/almart					
	Amount (\$) \$45.40	ayee address; City; State; 3 03 TX-243	Zip Code				
	PURPOSE OF EXPENDITURE	anton, TX 75103 ategory (See Categories listed at the top of this schedu ffice Overhead/Rental Expense	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense 2S			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	ce sought	Office held			
	Date	ayee name					
	08/26/2024	/almart					
	Amount (\$) \$45.40	ayee address; City; State; 3 03 TX-243	Zip Code				
		anton, TX 75103					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedu ffice Overhead/Rental Expense	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense DlieS			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	ce sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	LER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 58/58 Rpt:	all III, Robert L. (The Honorable)	00067980			
4	Date 11/18/2024	ayee name /almart				
6	Amount (\$) \$58.20	ayee address; City; State; Zip Code 03 TX-243 anton, TX 75103				
8	PURPOSE OF EXPENDITURE	ffice Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Fundraiser			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held			
	Date	ayee name				
	11/29/2024	/almart				
	Amount (\$) \$21.52	ayee address; City; State; Zip Code 03 TX-243				
	PURPOSE OF EXPENDITURE	ffice Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Fundraiser			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held			
	Date	ayee name				
	12/26/2024	/almart				
	Amount (\$) \$50.17	ayee address; City; State; Zip Code 03 TX-243				
		anton, TX 75103				
	PURPOSE OF EXPENDITURE	ffice Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Session			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held			