CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00067980		2 Total pages f	filed: 65
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Robert L.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME			CLIEFIV	07/14/2025	, , ,
	Bob	LAST Hall		SUFFIX III	01/14/2023	
				111		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	728 Private Road 7005					
ADDRESS					Receipt #	Amount
Change of Address	Edgewood, TX 75117				2 . 2	
					Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	L	
TREASURER	Mr.	Michael F.		1411		
NAME	IVII.	Michael F.				
				0.15517		
	NICKNAME	LAST		SUFFIX		
	Mike	Slaton				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC		AP	Γ / SUITE #; CITY;	; ST	ATE; ZIP CODE
ADDRESS	305 Brookwood Forest Di	·				
(Residence or Business)						
	Sunnyvale, TX 75182					
7 CAMPAIGN	AREA CODE PHO	ALL NUMBER - F	VTENCION			
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(214) 343-0642					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after ca	ampaign treasurer
				L	appointment (of	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		│ □G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	「(if known)	
	State Senator District 2			State Senator D		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 65

13 C / OH NAME	Hall III, Robert L. (Th	Robert L. (The Honorable) 14 Filer ID (Ethi 00067980						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or officel	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	GENERAL						
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
				,				
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 46,725.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 75,265.05				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 252,037.34				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT	-							
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		The Hono	rable Robert L. Hall II	II				
		Signature of	Candidate or Officehold	ler				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 65 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Hall III, Robert L. (The Honorable) 00067980 SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 46,725.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	n.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/65		
2	FILER NAME Hall III, Robe	rt L. (The Honorable)			3	Filer ID (Ethics Commission 00067980	n Filers)
4	Date 06/27/2025			7	Amount of Contribution (\$)	\$300.00	
8	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Chiropractor	,		Self	•		
	Date Full name of contributor out-of-state PAC (ID#:) Baldwin, J. Lee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Dallas, TX 75357						
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				5)		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#:) Bigbie, Biff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Lindale, TX 75771					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:) CANION, JUDITH Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75243-2320 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:) Collins, Ann Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Ben Wheeler, TX 75754 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/65	
2	FILER NAME Hall III, Robe	rt L. (The Honorable)		3	Filer ID (Ethics Commission 00067980	n Filers)
4	Date 06/25/2025			7	Amount of Contribution (\$)	\$50.00
_		Canton, TX 75013	T	Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) Duckworth, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Garland, TX 75040 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
retired retired				٥,		
	Date Full name of contributor out-of-state PAC (ID#:		f:)		Amount of Contribution (\$)	\$25.00
		Canton, TX 75103				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:) Evans, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Canton, TX 75103 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:) Gautney, Joy Contributor address; City; State; Zip Code Heath, TX 75032			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 3/8 Rpt: 6/65	
2	FILER NAME Hall III, Robe	ert L. (The Honorable)		3	Filer ID (Ethics Commission 00067980	n Filers)
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:) Gay, Richard Frank 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Ben Wheeler, TX 75754 pal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
_	T Illicipal occu	pation 7 300 title (See Instructions)	5 Employer (See manuchons	,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Hammel, Don Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Forney, TX 75126 Principal occupation / Job title (See Instructions) Employer (See Instruction					
Timopal occupation 7 300 title (See Instituctions)						
	Date 06/30/2025				Amount of Contribution (\$)	\$50.00
		Ben Wheeler, TX 75754				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Hill, Howard Contributor address; City; State; Zip Code San Angelo, TX 76904-8097			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Hood, Don Contributor address; City; State; Zip Code Ben Wheeler, TX 75754)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/65	
2	FILER NAME Hall III, Robe	rt L. (The Honorable)		3	Filer ID (Ethics Commission 00067980	on Filers)
4	Date 06/22/2025			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Forney, TX 75126 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>;)</u>		
•	i iliopai occa		Employer (eee meadeans	•,		
	Date 06/28/2025				Amount of Contribution (\$)	\$500.00
	Wills Point, TX 75169 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Retired Retired				"		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Heath, TX 75032				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/27/2025			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney at L	pation / Job title (See Instructions) aw	Employer (See Instructions Law Office of Steve Koe	•	le	
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 MN, Clark Contributor address; City; State; Zip Code Canton, TX 75103			•	Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	SCHEDULE A1	
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 5/8 Rpt: 8/65	
2	FILER NAME Hall III, Robe	ert L. (The Honorable)		3	Filer ID (Ethics Commission 00067980	n Filers)
4	Date 06/28/2025			7	Amount of Contribution (\$)	\$100.00
_	Deignaignal annu	Wills point, TX 75269				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Morris, Lynda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Rockwall, TX 75087 pation / Job title (See Instructions)	Employer (See Instructions)		
		,				
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Pat, Reed Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		Canton, TX 75103				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Pearson, Marty Contributor address; City; State; Zip Code Forney, TX 75126)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Plaster, Sandra Contributor address; City; State; Zip Code Canton, TX 75103			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/65	
2	FILER NAME Hall III, Robe	ert L. (The Honorable)			3	Filer ID (Ethics Commission 00067980	on Filers)
4	Date 06/27/2025			7	Amount of Contribution (\$)	\$1,000.00	
		6 Contributor address; City; S Richardson, TX 75080	tate; Zip Code				
8	Principal occu President	pation / Job title (See Instruction:	s)	9 Employer (See Instructions Aetna Glass Co.	<u> </u> S)		
	Date 06/23/2025				Amount of Contribution (\$)	\$5,000.00	
		Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions)			S)		
	Weekley Properties Founder						
	Date 06/30/2025	Full name of contributor out-of-state PAC (IDD/2025 Richter, Mike Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		MESQUITE, TX 75150-4	996				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu retired	Wills Point, TX 75169 pation / Job title (See Instructions	5)	Employer (See Instructions retired	<u> </u> S)		
	Date 06/27/2025	Full name of contributor Short, Patrick Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Lawyer	Rockwall, TX 75087 pation / Job title (See Instruction:	S)	Employer (See Instructions Law Firm of Patrick Sho			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/65	
2	FILER NAME Hall III, Robe	rt L. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00067980	
4	Date 06/25/2025			7	Amount of Contribution (\$) \$25.00	
		CANTON, TX 75103-2505				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#: Sinclair, Bill Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$125.00	
	Rockwall, TX 75087					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Texans United for a Conservative Majority PAC Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$) \$10,000.00	
		Victoria, TX 77901				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$10,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: Texans for Truth and Liberty PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$10,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 8/8 Rpt: 11/65	
2	FILER NAME Hall III, Robe	ert L. (The Honorable)		3	Filer ID (Ethics Commission 00067980	on Filers)
4	Date 06/27/2025	5 Full name of contributor out-of-state PAC (ID#:) Texas Trial Lawyers Association PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00
_	Dringing! goog	Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date O6/28/2025 Full name of contributor out-of-state PAC (ID#:) Toombs, Karen Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Canton, TX 75103 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i illicipai occa	pation 7 oob title (occ mondellons)	,			
	Date Full name of contributor out-of-state PAC (ID#:) Vawter, Gary Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Ben Wheeler, TX 75754-8057				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Zayjean, Clark Contributor address; City; State; Zip Code Canton, TX 75103			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_koch, robert Contributor address; City; State; Zip Code garland, TX 75044			Amount of Contribution (\$)	\$175.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	_
	Sch: 1/54 Rpt: 12/65	Hall III, Rol	pert L. (The Honoral	ole)				00067980		
4	Date	5 Payee name	!							
	05/22/2025	ALC Steak	S							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$250.00	1205 N Laı	mar Blvd							
		Austin, TX	78703							
8	PURPOSE OF		See Categories listed at the top	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			므		de of Texas. Com officeholder living		
						Office Sponso			, oxponed	
9	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	Office so	<u>I</u> ught			Office he	eld	
_										_
	Date	Payee name								
	06/02/2025	ALC Steak	S 							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$1,596.21	1205 N Lai	nar Blvd							
		Austin, TX	78703							
	PURPOSE	(a) Category (S	See Categories listed at the top	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			=		de of Texas. Com		
						End of Session		officeholder living		
						Lilu di Sessi	JII .	Stail Dillie	Deposit	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ıaht			Office he	əld	_
	expenditure to benefit C/O		icentidei name	Office 30	agrit			Office fie	aiu .	
	Data									=
	Date	Payee name								
	01/06/2025	Amazon								_
	Amount (\$)	Payee addre		State; Zip C	ode					
	\$22.72	PO Box 81	226							
		Seattle, W	A 98108				_			
	PURPOSE OF		See Categories listed at the top		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expen	se				de of Texas. Com officeholder living		
						Office Supplie		onicendider living	g expense	
						отпос эцррпс				
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	lapt			Office he	əlq	_
	expenditure to benefit C/O		iocholaci name	Office 50	agrit			Office He	Jiu	
\vdash										_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/54 Rpt: 13/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	01/09/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.96	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
		Стоб Сарриос
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/24/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.96	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/24/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$245.42	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Supplies
		Everit Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/54 Rpt: 14/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	02/03/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$363.70	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office Supplies
		Cinice Supplies
_	Complete ONLY if direct	Condidate/Officeholder name Office equals
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$259.79	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Cinic Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	02/05/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$277.80	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mei

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Servic	Memorials Expense es action Guide explai		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	etrict category not listed abo	ve)
<u>_</u>	Tatal name C	_		Saido explui	2			_	E11B	(Eshina Committee	a Ellard
1	Total pages Schedule F1: Sch: 4/54 Rpt: 15/65	I	FILER NAME Hall III, Robert L. (Th	ne Honorable)				3	Filer ID 00067980	(Ethics Commissio	n Filers)
4	Date	5	Payee name								
	02/21/2025	ı	Amazon								
6	Amount (\$) \$99.56	ı	Payee address; Cir PO Box 81226	ty; Sta	ate; Zip Co	de					
	ф99.50		PO BOX 61220								
			Seattle, WA 98108								
8	PURPOSE	(a)	Category (See Categories	listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rei	ntal Expense					de of Texas. Com		
							_		officeholder living	expense	
							Office Supplie	35			
_	Complete ONLY if direct		andidate/Officeholder r	namo	Office	ah+			Office he	nld	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Onicenoider r	iame	Office sou	gnı			Office ne	eia	
	Date		Payee name								
	03/13/2025	L	Amazon								
	Amount (\$)		Payee address; Ci	ry; Sta	ate; Zip Co	de					
	\$143.90		PO Box 81226								
		_	Seattle, WA 98108								
	PURPOSE OF		Category (See Categories		schedule)	(b)	Description		d4.T O	olete Celes delle T	
	EXPENDITURE		Office Overhead/Rei	ntal Expense			=		de of Texas. Comp officeholder living		
							Office Supplie		omeeneder ming	олронов	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder r	name	Office sou	ght			Office he	eld	
	experientare to benefit of or	_									
	Date		Payee name								
L	03/13/2025		Amazon								
	Amount (\$)		Payee address; Ci	sy; Sta	ate; Zip Co	de					
	\$52.10		PO Box 81226								
			Seattle, WA 98108								
	PURPOSE OF		Category (See Categories		schedule)	(b)	Description	_			
	EXPENDITURE		Office Overhead/Rei	ntal Expense			ш		de of Texas. Com		
							Office Supplie		officeholder living	expense	
							Office Supplie	,,			
	Complete ONLY if direct	C	andidate/Officeholder r	name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O					J					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/54 Rpt: 16/65	2 FILER NAME Hall III, Robert L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067980
4	Date 03/13/2025	5 Payee name Amazon
6	Amount (\$) \$139.64	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108
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/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/14/2025	Payee name Amazon
	Amount (\$) \$106.43	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108
	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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/14/2025	Payee name Amazon
	Amount (\$) \$59.98	Payee address; City; State; Zip Code PO Box 81226
		Seattle, WA 98108
	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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/54 Rpt: 17/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	03/14/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.62	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	03/24/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$239.04	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/24/2025	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.91	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/54 Rpt: 18/65 Hall III, Robert L. (The Honorable) 00067980 4 Date Payee name 03/31/2025 Amazon 6 Amount (\$) Payee address; City; State; Zip Code \$157.92 PO Box 81226 Seattle, WA 98108 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/17/2025 Amazon Amount (\$) Payee address; City; State; Zip Code \$16.23 PO Box 81226 Seattle, WA 98108 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/28/2025 Amazon Amount (\$) Payee address: City; State; Zip Code \$363.96 PO Box 81226 Seattle, WA 98108 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/54 Rpt: 19/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	06/23/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.60	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Dougo nama
	03/10/2025	Payee name
L		American Legion Post 117
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	609 S Goliad
		Rockwall, TX 75087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Sponsor
		Event Sponsor
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payso nama
	01/02/2025	Payee name Arrow King Storage
	Amount (\$) \$60.00	Payee address; City; State; Zip Code
	Φ00.00	13432 FM 859
		W . B TV 77400
		West Point, TX 75169
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Item Storage
		2
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 9/54 Rpt: 20/65	2 FILER NAME Hall III, Robert L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067980
4	Date	5 Payee name
	01/30/2025	Arrow King Storage
6	Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 13432 FM 859 West Point, TX 75169
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Campaign Item Storage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Arrow King Storage
	Amount (\$) \$60.00	Payee address; City; State; Zip Code 13432 FM 859
		West Point, TX 75169
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Item Storage
		Campaign tem Storage
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	Arrow King Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	13432 FM 859
		West Point, TX 75169
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Item Storage
		Sampaign tem Storage
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete th	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 10/54 Rpt: 21/65	Hall III, Robert L. (The Honorable)	00067980
4	Date	5 Payee name	•
	05/07/2025	Arrow King Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.00	13432 FM 859	
		West Point, TX 75169	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		I — I —	Check if Austin, TX, officeholder living expense mpaign Item Storage
		La Ca	inpaign item Storage
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/02/2025	Arrow King Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	13432 FM 859	
		West Point, TX 75169	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	I — — — — — — — — — — — — — — — — — — —	Check if Austin, TX, officeholder living expense
		Ca	mpaign Item Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Date	Payee name	
	06/30/2025	Arrow King Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	13432 FM 859	
		West Point, TX 75169	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Onice Overneau/Nental Expense L	Check if travel outside of Texas. Complete Schedule T.
		l	Check if Austin, TX, officeholder living expense Impaign Item Storage
		La Ca	inpaign item Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI	9	Office field

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 11/54 Rpt: 22/65	FILER NAME Hall III, Robert L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067980
4	Date 04/11/2025	5 Payee name Blossom Flowers		·
6	Amount (\$) \$183.71	7 Payee address; City; State; Zip Co 3601 Far West Blvd Austin, TX 78731	de	
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 Sympathy Flowers
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date 03/24/2025	Payee name CAVA		
	Amount (\$) \$204.21	Payee address; City; State; Zip Co 515 Congress Ave Austin, TX 78701	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Sponsored Lunch
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date 05/05/2025	Payee name CAVA		
	Amount (\$) \$213.69	Payee address; City; State; Zip Co 515 Congress Ave	de	
		Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Sponsored Lunch
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/54 Rpt: 23/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	01/24/2025	CVS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.47	500 Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office Supplies
		Cinice Supplies
Ļ	Compulate ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	02/03/2025	Cabo Bobs
	Amount (\$)	Payee address; City; State; Zip Code
	\$485.30	2828 Rio Grande St
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Sponsored Lunch
		Since Openiored Earlett
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨		
	Date	Payee name
	01/06/2025	Campaign Financial Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1213 Cedar Cove Pl
l		
		Royse City, TX 75189
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense
1		Campaign Admin Support
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	s.portalitate to bottonic 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/54 Rpt: 24/65	Hall III, Robert L. (The Honorable)	00067980
4 Date	5 Payee name	•
02/04/2025	Campaign Financial Services LLC	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$350.00	1213 Cedar Cove Pl	
	Royse City, TX 75189	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Campaign Admin Support
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sor	ught Office held
Date	Payee name	
03/04/2025	Campaign Financial Services LLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$350.00	1213 Cedar Cove Pl	
	Royse City, TX 75189	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Admin Support
		Campaign Admin Support
Complete ONLY if direct	Candidate/Officeholder name Office so	Luaht Office held
expenditure to benefit C/O		agnit Cinica nota
Data		
Date 04/06/2025	Payee name Campaign Financial Services LLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$350.00	1213 Cedar Cove Pl	
	Royse City, TX 75189	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Admin Support
		F-13
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		200

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/54 Rpt: 25/65 Hall III, Robert L. (The Honorable) 00067980 4 Date Payee name 05/05/2025 Campaign Financial Services LLC 6 Amount (\$) Payee address; City; State; Zip Code \$350.00 1213 Cedar Cove PI Royse City, TX 75189 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Admin Support Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/04/2025 Campaign Financial Services LLC Amount (\$) Payee address; City; State; Zip Code \$350.00 1213 Cedar Cove Pl Royse City, TX 75189 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Admin Support Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/14/2025 Canton Chamber of Commerce Amount (\$) Payee address: City: State; Zip Code \$700.00 611 S Trade Days Blvd Canton, TX 75103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Event Sponsor** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/54 Rpt: 26/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	05/01/2025	Canton Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$220.00	611 S Trade Days Blvd
		Canton, TX 75103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Sponsor
		Event Sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/11/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.72	P.O. Box 2267
		Austin, TX 78783
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Rental Expense
		Northal Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	03/11/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.05	P.O. Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Rental Expense
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>		
1	Total pages Schedule F1:	
	Sch: 16/54 Rpt: 27/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	04/08/2025	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.83	P.O. Box 2267
		Austin, TX 78783
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payros namo
	05/09/2025	Payee name City of Austin
_		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.55	P.O. Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA LIBITORL	X Check if Austin, TX, officeholder living expense
		Rental Expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/09/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.69	P.O. Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rental Expense
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	<u>.</u>
1	Total pages Schedule F1: Sch: 17/54 Rpt: 28/65	2 FILER NAME Hall III, Robert L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067980
4	Date	5 Payee name
	04/09/2025	Clayton Spangler Photographic Designs
6	Amount (\$) \$2,196.00	7 Payee address; City; State; Zip Code 235 Point Lick Drive Charleston, WV 25306
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Panoramic Pictures with Frames
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	Collin County GOP
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 2963 W 15th St
		Plano, TX 75075
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Sponsor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	Corsicanna Chamber of Commerce
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 120 N 12th St
		Corsciana, TX 75110
	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 Annual Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Memorials Expense es	Printing Ex Salaries/W		e //Contract Labor		Travel Out of Dis OTHER (enter a		sted above)
	Credit Card Payment		The Instru	ıction Guide explai	ins how to cor	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	3	Filer ID	(Ethics Cor	nmission Filers)
	Sch: 18/54 Rpt: 29/65		Hall III, Robert L. (TI	ne Honorable)					00067980		
4	Date	5	Payee name				•				
	03/24/2025		Current Revolt								
6	Amount (\$)	7	Payee address; C	ty; Sta	ate; Zip Co	de					
	\$70.00		PO Box 560671								
			The Colony, TX 750	56							
8	PURPOSE	(a)	Category (See Categorie	s listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Fees				Check if travel out				T.
							Check if Austin, T. Subscription	Х, (omicenolaer living	expense	
							Салсоприст				
9	Complete ONLY if direct		Candidate/Officeholder	name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н			·						
	Date		Payee name								
	01/28/2025		Dallas County Cons	ervative Republi	ican Wome	n					
	Amount (\$)		Payee address; Ci	ty; Sta	ate; Zip Co	de					
	\$300.00		1 Gettysburg Lane								
			Richardson, TX 750	30							
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Event Expense	·	ĺ		Check if travel out				T.
							Check if Austin, T. Event Sponsor		officeholder living	expense	
							Event Sponsor				
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder	name	Office sou	thr			Office he	ıld	
	expenditure to benefit C/OI					y					
	Date		Payee name								
	04/16/2025		Doordash								
	Amount (\$)		Payee address; Ci	ty; Sta	ate; Zip Co	de					
	\$101.88		16310 Bratton Ln		·						
			Austin, TX 78728								
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Exp	ense	ĺ		Check if travel out				T.
	EXI ENDITORE						Check if Austin, T. Office Sponsor			expense	
							Onice Sponsor	CL	LUITOIT		
	Complete ONLY if direct	Щ	Candidate/Officeholder	name	Office sou	thr			Office he	eld	
	expenditure to benefit C/OI		and a control of the		J.1100 500Q	٠٠٠٠			3oc 110		

SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┡	Total pages Schedule F1:	
ľ		
L	Sch: 19/54 Rpt: 30/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	05/12/2025	Engraving Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$315.01	909 Cherico St
		Austin, TX 78702
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		End of Session Gift Engravings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
L	·	
	Date	Payee name
	01/07/2025	Ennis Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	207 NW Main
		Ennis, TX 75119
⊢	PURPOSE	
	OF	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Tickets
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	01/09/2025	Payee name Ennis Chamber of Commerce
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	207 NW Main
		Ennis, TX 75119
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Membership Subscription
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

SCHEDULE F1

Advertising Expense Et Accounting/Banking Fr. Consulting Expense Fr. Contributions/ Donations Made By - G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sala		ages	/Contract Labor		OTHER (enter a	strict category not listed abov	re)
				The Instruction Gu	uide explains how	to com	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 20/54 Rpt: 31/65		Hall III, Rob	ert L. (The Hone	orable)					00067980		
4	Date	5	Payee name									
	01/09/2025		Everything E	Branded								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Cod	le					
	\$1,428.00		6725 Via Au	ısti Pkwy								
			Ste 150									
			Las Vegas,	NV 89119								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he ton of this schedule)	1	(b)	Description				
	OF EXPENDITURE			head/Rental Exp				_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			·				—		officeholder livin	g expense	
								Branded Pen	IS			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office	soug	ht			Office h	eld	
		_										
	Date		Payee name									
	01/10/2025		Everything E	Branded								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Cod	le					
	\$1,428.00		6725 Via Au	ısti Pkwy								
			Ste 150									
			Las Vegas,	NV 89119								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this schedule)	((b)	Description				
	OF EXPENDITURE			head/Rental Exp				=			plete Schedule T.	
								—		officeholder livin	g expense	
								Branded Pen	15			
_	Complete ONLY if direct	<u> </u>	Candidato/Offi	ceholder name	Office	soug	ht			Office h	old	
	expenditure to benefit C/O		Januluale/Onic	centider name	Office	soug	ji it			Office II	eiu	
_	D-4-	_										
	Date 05/12/2025		Payee name	uildina Coliution	os I I C							
				uilding Soliution								
	Amount (\$)		Payee addres	•	State; Zip	o Cod	le					
	\$127.50		768 Jamest	own Lane								
			Fate, TX 75	189								
	PURPOSE OF	(a)		ee Categories listed at t		((b)	Description				
	EXPENDITURE		Office Overl	head/Rental Exp	oense					de of Texas. Con , officeholder livin	plete Schedule T.	
								Building Clea			у схренос	
								<i>3</i> - 33.		•		
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	soug	ht			Office h	eld	
	expenditure to benefit C/OH											
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card F dyment	The Instruction Guide explains how to co	omplete this for	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 21/54 Rpt: 32/65	Hall III, Robert L. (The Honorable)		00067980	
4 Date	5 Payee name		•	
01/15/2025	Four Seasons			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$24.00	98 San Jacinto Blvd			
	Austin, TX 78701			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on	
OF EXPENDITURE	Fees	ı <u>—</u>	if travel outside of Texas. Cor	
		Valet	if Austin, TX, officeholder livir	ng expense
		valet		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office h	vold
expenditure to benefit C/O		ugni	Office I	leiu
Data				
Date 05/01/2025	Payee name Cables Park Parking Management			
05/01/2025	Gables Park Parking Management			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$92.01	115 Sandra Muraida Way			
	Austin, TX 78703			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Travel Out of District		if travel outside of Texas. Cor if Austin, TX, officeholder livir	
			for Rental	S - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office h	neld
expenditure to benefit C/O	Н			
Date	Payee name			
06/02/2025	Gables Park Parking Management			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$92.01	115 Sandra Muraida Way			
	,			
	Austin, TX 78703			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on	
OF	Travel Out of District		if travel outside of Texas. Cor	mplete Schedule T.
EXPENDITURE	Travel eat of Bisance	Check i	if Austin, TX, officeholder livir	ng expense
		Parking	for Rental	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office h	neld
5.ps.(d.c.)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category net listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 22/54 Rpt: 33/65	Hall III, Robert L. (The Honorable) 00067980				
4	Date	5 Payee name				
	01/02/2025	Gables Park				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3,600.00	115 Sandra Muraida Way				
		Austin, TX 78703				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense				
		x Check if Austin, TX, officeholder living expense Rental Expense				
		Nontal Expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_	Date	Payee name				
	01/17/2025	Gables Park				
	Amount (\$)					
	\$109.87	115 Sandra Muraida Way				
		Austin, TX 78703				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Rental Expense				
		Kentai Expense				
_	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	5 .					
	Date	Payee name				
	02/03/2025	Gables Park				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3,600.00	115 Sandra Muraida Way				
		Austin, TX 78703				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		X Check if Austin, TX, officeholder living expense				
		Rental Expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
	· 	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 23/54 Rpt: 34/65	2 FILER NAME Hall III, Robert L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067980
4	Date	5 Payee name	
_	03/03/2025	Gables Park	
6	Amount (\$) \$3,600.00	7 Payee address; City; State; Zip Code 115 Sandra Muraida Way Austin, TX 78703	
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 SE
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/10/2025	Gables Park	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$167.36	115 Sandra Muraida Way	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE	Onice overneda/Nental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense Se
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/02/2025	Gables Park	
	Amount (\$) \$3,528.92	Payee address; City; State; Zip Code 115 Sandra Muraida Way	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense Se
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 24/54 Rpt: 35/65	Hall III, Robert L. (The Honorable) 00067980				
4	Date	5 Payee name				
	05/02/2025	Gables Park				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3,608.00	115 Sandra Muraida Way				
		Austin, TX 78703				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
	_/	\times \text{Check if Austin, TX, officeholder living expense} \text{Rental Expense}				
		Trontal Expones				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	06/02/2025	Gables Park				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3,669.10	115 Sandra Muraida Way				
		A				
	PURPOSE	Austin, TX 78703				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	X Check if Austin, TX, officeholder living expense				
		Rental Expense				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
F	Date	Payee name				
	06/30/2025	Google Nest				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$85.28	1600 Amphitheatre Parkway				
		Mountain View, CA 94043				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Camera Security Subscription				
	Complete ONII V if allow	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 25/54 Rpt: 36/65	Hall III, Robert L. (The Honorable) 00067980				
4	Date	5 Payee name				
	01/21/2025	Google One				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3.19	1600 Amphitheatre Parkway				
		Mountain View, CA 94043				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Online Storage Subscription				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experiulture to beliefit C/Or					
	Date	Payee name				
	02/19/2025	Google One				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.19	1600 Amphitheatre Parkway				
	75.25	2000 / 111				
		Mountain View, CA 94043				
	PURPOSE					
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense				
		Online Storage Subscription				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
-	Date	Payee name				
	03/19/2025	Payee name Google One				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.19	1600 Amphitheatre Parkway				
		Mountain View, CA 94043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Online Storage Subscription				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/54 Rpt: 37/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	04/21/2025	Google One
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Storage Subscription
		Offline Storage Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	05/19/2025	Google One
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Online Storage Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	06/20/2025	Google One
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Storage Subscription
		Offille Storage Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/54 Rpt: 38/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	01/02/2025	Google Suite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.61	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Hosting Fee
		Linai rissang riss
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/03/2025	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.61	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email Hosting Fee
	Operation ONE Wife disease	Open Highest (Office health and a second sec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	03/03/2025	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.61	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Hosting Fee
		Linai Hosting Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	•	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 28/54 Rpt: 39/65	2 FILER NAME Hall III, Robert L. (The Honorable) 3 Filer ID (Ethics Commission Filers 00067980	;)
4	Date 04/01/2025	5 Payee name Google Suite	
6	Amount (\$) \$48.61	7 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Hosting Fee	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date 05/02/2025	Payee name Google Suite	
	Amount (\$) \$48.61	Payee address; City; State; Zip Code 1600 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 Austin, TX, officeholder living expense Email Hosting Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 06/02/2025	Payee name Google Suite	
	Amount (\$) \$48.61	Payee address; City; State; Zip Code 1600 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 Austin, TX, officeholder living expense Email Hosting Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/54 Rpt: 40/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	02/21/2025	Gringolet Internet - VICI Media
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.92	816 Big Woods Road
		Longview, TX 75605
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Website Update
		Website Opudie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	04/10/2025	Gringolet Internet - VICI Media
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$224.18	816 Big Woods Road
		Longview, TX 75605
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website Update
		Website Opuate
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Device same
	Date 05/09/2025	Payee name
		Holiday Inn Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.55	805 Neches St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituent Austin Stay
		Consultent Austin Stay
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 30/54 Rpt: 41/65	Hall III, Robert L. (The Honorable) 00067980						
4	Date	5 Payee name						
	01/27/2025	Home Depot						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$39.55	3600 S I-35 Frontage Rd						
		Austin, TX 78704						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Event Supplies						
		Live Copping						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
F	Date	Payee name						
	03/19/2025	Hope Center						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$100.00	885 TX-243						
		Canton, TX 75103						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Event Tickets						
		L voir Horoto						
⊢	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI							
F	Date	Payee name						
	02/04/2025	Lane, Amy						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	3300 Lime Kiln						
		San Marcos, TX 78666						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Monthly Campaign Support						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
\vdash								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	elete this form.
1	Total pages Schedule F1: Sch: 31/54 Rpt: 42/65	2 FILER NAME Hall III, Robert L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067980
4	Date 03/04/2025	5 Payee name Lane, Amy	•
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 3300 Lime Kiln San Marcos, TX 78666	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Campaign Support
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 04/06/2025	Payee name Lane, Amy	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 3300 Lime Kiln San Marcos, TX 78666	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Campaign Support
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 05/05/2025	Payee name Lane, Amy	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 3300 Lime Kiln	
		San Marcos, TX 78666	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Campaign Support
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 32/54 Rpt: 43/65	Hall III, Robert L. (The Honorable)	00067980
4	Date	5 Payee name	
	06/04/2025	Lane, Amy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	3300 Lime Kiln	
		San Marcos, TX 78666	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Odianes/Wages/Contract Eabor	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		ı	mpaign Support
			pailg Cappoin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	05/27/2025	Lane, Amy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$855.00	3300 Lime Kiln	
		San Marcos, TX 78666	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			ent for Travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/08/2025	Longhorn Trophie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.94	5555 N Lamar Blvd Building E	
		Suite E126	
		Austin, TX 78751	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Expense	el outside of Texas. Complete Schedule T.
		☐ Check if Aust Name Tags	tin, TX, officeholder living expense
		Nume rage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	plet	e this form.
1	Total pages Schedule F1: Sch: 33/54 Rpt: 44/65	2 FILER NAME Hall III, Robert L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067980
4	Date 01/27/2025	5 Payee name Lowes		
6	Amount (\$) \$73.52	7 Payee address; City; State; Zip Cod 8000 Shoal Creek Blvd Austin, TX 78757	e	
8	PURPOSE OF EXPENDITURE		[]	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date 01/28/2025	Payee name Mailchimp		
	Amount (\$) \$294.22	Payee address; City; State; Zip Cod 675 Ponce de Leon Ave NE	е	
	PURPOSE OF EXPENDITURE	Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	[Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held
	Date 02/28/2025	Payee name Mailchimp		
	Amount (\$) \$294.22	Payee address; City; State; Zip Cod 675 Ponce de Leon Ave NE	е	
		Atlanta, GA 30308		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/54 Rpt: 45/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	03/28/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$294.22	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	04/28/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$294.22	675 Ponce de Leon Ave NE
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
		Casconpacti
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	05/28/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$294.22	675 Ponce de Leon Ave NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Subscription
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 35/54 Rpt: 46/65	Hall III, Robert L. (The Honorable) 00067980				
4	Date	5 Payee name				
	06/30/2025	Mailchimp				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$294.22	675 Ponce de Leon Ave NE				
		Atlanta, GA 30308				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Subscription				
		Subscription				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
F	Date	Payee name				
	01/21/2025	Marshalls				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$25.98	1201 Barbara Jordan Blvd				
		Austin, TX 78723				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Event Supplies				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI					
F	Date	Payee name				
	04/16/2025	Monarch Trophy				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,507.38	16227 San Pedro Ave				
	Ψ1,507.50	10227 Juni Culo Ave				
		Hollywood Park, TX 78232				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Senator Hall Coin				
L						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OI	1 				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/54 Rpt: 47/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	04/18/2025	Monarch Trophy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,507.38	16227 San Pedro Ave
		Hollywood Park, TX 78232
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Senator Hall Coin
		Schatol Hall Colli
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	02/04/2025	Morris, Chris
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	508 FM 4108
		Canton, TX 75103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Monthly Campaign Support
		Montiny Campaign Support
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	03/04/2025	Morris, Chris
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	508 FM 4108
		Canton, TX 75103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Monthly Campaign Support
		Monthly Campaign Support
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officeholder/Politice Credit Card Payment				n Guide explains l			Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	rs)
	Sch: 37/54 Rpt: 48/65		Hall III, Robert L. (The F	Ionorable)					00067980		
4	Date	5	Payee name								
	04/06/2025		Morris, Chris								
6	Amount (\$) \$300.00	7	Payee address; City; 508 FM 4108	State;	Zip Cod	le					
			Canton, TX 75103								
8	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	edule) ((b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contrac	t Labor				TX,	de of Texas. Comp officeholder living ign Support		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder nam	e C	Office soug	ht			Office he	eld	
	Date		Payee name								
	05/05/2025		Morris, Chris								
	Amount (\$)		Payee address; City;	State;	Zip Cod	le					
	\$300.00		508 FM 4108								
			Canton, TX 75103								
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	edule) ((b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contrac	t Labor			ш		de of Texas. Com		
							Monthly Cam		officeholder living	expense	
							monany cam	pu	ул очрроп		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder nam	e C	Office soug	ht			Office he	eld	
	Data	1									
	Date		Payee name								
	06/04/2025	<u> </u>	Morris, Chris								
	Amount (\$)		Payee address; City;	State;	Zip Cod	le					
	\$300.00		508 FM 4108								
			Canton, TX 75103								
	PURPOSE	(a)	Category (See Categories liste		edule) ((b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract	t Labor					de of Texas. Com		
							Monthly Cam		officeholder living	expense	
							onany Ouni	μu	.g., Japport		
-	Complete ONLY if direct	Щ	Candidate/Officeholder nam	<u> </u>	Office soug	ht			Office he	ald.	
	expenditure to benefit C/OI		andidate/Onicendidei Halli		onice sough	116			Office He	Ju	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/54 Rpt: 49/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	01/01/2025	Motheral, Jay
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	501 East Oltorf Street
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Date	David and a second a second and
	05/01/2025	Payee name Navarro GOP
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.01	PO Box 1272
		Corsicana, TX 75151
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Sponsor
		Event Sponsor
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	Date	Davies name
	03/01/2025	Payee name North Star Uniform
	Amount (\$)	Payee address; City; State; Zip Code
	\$469.80	202 E Goshen St
L		Canton, TX 75103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Shirts Engraved
		Sim S Engraved
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/54 Rpt: 50/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	02/03/2025	Office Max
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$432.99	907 W 5th St
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Essentials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/10/2025	Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$432.99	907 W 5th St
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Essentials and Chair
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/07/2025	Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.15	907 W 5th St
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Essentials and Chair
		Office Essertials and Chair
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/54 Rpt: 51/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	05/27/2025	Pappasitos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$327.72	6513 N Interstate Hwy 35
		Austin, TX 78752
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Sponsored Lunch
		Cinico Oponico de Zanon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/23/2025	Party City
H	Amount (\$)	Payee address; City; State; Zip Code
	\$59.40	5601 Brodie Ln Suite 200
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		End of Session Gift Supplies
		Lita of occasion out supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/09/2025	Personalized Promotions
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,043.71	7605 Stoneywood
	7-,0	
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Pencils for distribution
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 41/54 Rpt: 52/65	Hall III, Robert L. (The Honorable)	00067980
4	Date	5 Payee name	•
l	01/21/2025	Ray, Miles	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$85.98	6508 Scenic Cove	
l			
l		Austin, TX 78739	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
l	OF EXPENDITURE		neck if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		neck if Austin, TX, officeholder living expense
l		Rein	nburse for Sheet Cakes
Ļ	0 1 0 0 1 1 1 1		0"
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡	·		
l	Date	Payee name	
L	01/21/2025	Ray, Miles	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$240.00	6508 Scenic Cove	
l			
L		Austin, TX 78739	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	•
l	EXPENDITURE	Onice Overneau/Nental Expense I	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
l		I — I —	nburse for Tuxedo Rental
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
l	04/02/2025	Republican Women Scholarship Fund	
H	Amount (\$)	Payee address; City; State; Zip Code	
l	\$250.00	112 Kenway St	
l			
l		Rockwall, TX 75087	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	rintion
l	OF		neck if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	cr	neck if Austin, TX, officeholder living expense
		Ever	nt Sponsor
L	0 1: 0:::::::::::::::::::::::::::::::::		000
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/54 Rpt: 53/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	01/29/2025	Rockwall Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	697 E I-30
		Rockwall, TX 75087
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsor Tickets
		Sponsor Hereis
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	02/12/2025	Rockwall Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	697 E I-30
		Rockwall, TX 75087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsor Tickets
		Sponsor Hekets
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies same
	Date 03/21/2025	Payee name Rockwall Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	697 E I-30
		Rockwall, TX 75087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsor Tickets
		Sponsor Hokets
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 43/54 Rpt: 54/65	Hall III, Robert L. (The Honorable)	00067980
4	Date	5 Payee name	
	01/02/2025	Rockwall County GOP	
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е
	\$1,554.45	112 Kenway	
		Rockwall, TX 75087	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Event Sponsor
			2.5 openee.
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	02/18/2025	Rockwall County GOP	
	Amount (\$)	Payee address; City; State; Zip Cod	e
	\$25.00	112 Kenway	
		Rockwall, TX 75087	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
			· · · · · · · · · · · · · · · · · · ·
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket
		Event Expense Candidate/Officeholder name Office soug	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket
_	EXPENDITURE Complete ONLY if direct	Event Expense Candidate/Officeholder name Office soug	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket
_	Complete ONLY if direct expenditure to benefit C/O	Event Expense Candidate/Officeholder name Office soug	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket
-	Complete ONLY if direct expenditure to benefit C/OhDate 03/31/2025	Candidate/Officeholder name Office soug Payee name Rockwall High School Choir Booster	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held
_	Complete ONLY if direct expenditure to benefit C/Ol	Event Expense Candidate/Officeholder name Office soug Payee name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held
_	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$)	Event Expense Candidate/Officeholder name Office soug Payee name Rockwall High School Choir Booster Payee address; City; State; Zip Cod	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$)	Event Expense Candidate/Officeholder name Office soug Payee name Rockwall High School Choir Booster Payee address; City; State; Zip Cod	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$)	Candidate/Officeholder name Payee name Rockwall High School Choir Booster Payee address; City; State; Zip Cod 901 W Yellow Jacket Ln Rockwall, TX 75087	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$) \$259.25	Candidate/Officeholder name Candidate/Officeholder name Office soug Payee name Rockwall High School Choir Booster Payee address; City; State; Zip Cod 901 W Yellow Jacket Ln Rockwall, TX 75087 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/Ol Date 03/31/2025 Amount (\$) \$259.25	Candidate/Officeholder name Candidate/Officeholder name Office soug Payee name Rockwall High School Choir Booster Payee address; City; State; Zip Cod 901 W Yellow Jacket Ln Rockwall, TX 75087 (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$) \$259.25	Candidate/Officeholder name Candidate/Officeholder name Office soug Payee name Rockwall High School Choir Booster Payee address; City; State; Zip Cod 901 W Yellow Jacket Ln Rockwall, TX 75087 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$) \$259.25 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Candidate/Officeholder name Office soug Payee name Rockwall High School Choir Booster Payee address; City; State; Zip Cod 901 W Yellow Jacket Ln Rockwall, TX 75087 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsor High School Choir
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$) \$259.25	Candidate/Officeholder name Candidate/Officeholder name Office soug Payee name Rockwall High School Choir Booster Payee address; City; State; Zip Cod 901 W Yellow Jacket Ln Rockwall, TX 75087 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office soug	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsor High School Choir
	Complete ONLY if direct expenditure to benefit C/Ol Date 03/31/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Candidate/Officeholder name Office soug Payee name Rockwall High School Choir Booster Payee address; City; State; Zip Cod 901 W Yellow Jacket Ln Rockwall, TX 75087 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office soug	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsor High School Choir
	Complete ONLY if direct expenditure to benefit C/Ol Date 03/31/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Candidate/Officeholder name Office soug Payee name Rockwall High School Choir Booster Payee address; City; State; Zip Cod 901 W Yellow Jacket Ln Rockwall, TX 75087 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office soug	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsor High School Choir

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Cara r ayment	The Instruction Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 44/54 Rpt: 55/65	Hall III, Robert L. (The Honorable)		00067980		
4	Date	5 Payee name		·		
	05/06/2025	Royse City Chamber of Commerce				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$300.00	216 N Arch St				
		Suite D				
		Royse City, TX 75189				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.		
				Check if Austin, TX, officeholder living expense Event Sponsor		
				Event Sponsor		
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held		
	expenditure to benefit C/O		giii	Cince Hold		
-	Date	Dayaa nama				
	01/13/2025	Payee name Sams Club				
			do			
	Amount (\$) \$170.07	Payee address; City; State; Zip Co 4970 US-290	ue			
	Ψ170.07	4970 03-290				
		Auctin TV 70725				
	DUDDOOF	Austin, TX 78735	(1-)			
	PURPOSE OF	` ' ' '	(D)	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense		
				Supply Stock Up		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held		
	expenditure to benefit C/Ol	1				
	Date	Payee name				
	04/07/2025	Sams Club				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$131.35	4970 US-290				
		Austin, TX 78735				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.		
	LAI LINDITORE			Check if Austin, TX, officeholder living expense		
				Supply Stock Up		
L	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held		
	Complete ONLY if direct expenditure to benefit C/Ol	•	yııı	Office field		
l						

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 45/54 Rpt: 56/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	04/07/2025	Selah Creek
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$206.30	P.O. Box 877
		Terrell, TX 75160
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Event Sponsor
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2025	Senate Ladies Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,800.00	1212 Regents Park Court
		Desoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Table Sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Dayso name
	04/24/2025	Payee name Spaw Senate Account
		·
	Amount (\$) \$165.00	Payee address; City; State; Zip Code P.O. Box 12068
	Φ105.00	F.O. BOX 12000
		Auglia TV 70711
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		End of Session Gift for Lt. Gov
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 46/54 Rpt: 57/65	Hall III, Robert L. (The Honorable) 00067980	
4	Date	5 Payee name	_
	01/09/2025	Spaw Senate Account	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,100.00	P.O. Box 12068	
		Austin, TX 78711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Members' Lounge Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
"	expenditure to benefit C/O		
⊨	Date	Davida nama	=
	02/04/2025	Payee name Spaw Senate Account	
L			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00 P.O. Box 12068		
		A	
L		Austin, TX 78711	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the selection of Taylor Complete Categories 1.	
	EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Coffee for Committees	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/06/2025	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.13	901 E 5th St. Ste 140	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Office Supplies	
		Office Supplies	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
\vdash			_

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 47/54 Rpt: 58/65	2 FILER NAME Hall III, Robert L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067980
L	<u> </u>		
4	Date	5 Payee name	
	05/27/2025	Target	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.65	901 E 5th St. Ste 140	
		Aughin TV 70702	
L		Austin, TX 78702	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	emice everneda// tental Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		End of Sessio	on Gift Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/08/2025	Texas Senate	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$483.40	1100 Congress Ave	
	Ψ+00.40	1100 Congress Ave	
L		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onth Wards/Wellionals Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Gavels for gift	.5
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit 6/6	'	
	Date	Payee name	
	05/13/2025	Texas Senate	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,112.50	1100 Congress Ave	
		Ç	
		Auctin TV 70701	
		Austin, TX 78701	
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Taylor Countries Call 1 7
	EXPENDITURE	Onth Wards/Wellionals Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Texas Flags	17, officeriolder living expense
		Texas riags	
\vdash	Complete ONLY if alias -t	Candidata/Officahaldar nama	Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	. , ,		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 48/54 Rpt: 59/65	Hall III, Robert L. (The Honorable)		00067980
4	Date	5 Payee name		
_	06/04/2025	Texas Senate		
6	Amount (\$) \$96.68	7 Payee address; City; State; Zip Coc	de	
	φ90.06	1100 Congress Ave		
		Austin, TX 78701		
8	PURPOSE		(h)	Description
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Gavels for Gifts
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
٦	expenditure to benefit C/OI		,,,,	Since Held
_	Date	Payee name		
	05/27/2025	The County Line		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$405.86	6500 Bee Caves Rd		
		Austin, TX 78746		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Office Sponsored Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	04/01/2025	True Texas Project		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$1,000.00	1220-G Airport Freeway		
		#602		
	PURPOSE	Bedford, TX 76022	(I- \	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Event Sponsor
	Complete ONLY if alias -t	Candidate/Officeholder page	•b+	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	Jrit	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 49/54 Rpt: 60/65	Hall III, Robert L. (The Honorable)	00067980		
4	Date	5 Payee name			
	03/10/2025	USPS			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$146.00	823 Congress Ave.			
		Ste 150			
		Austin, TX 78701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin,	TX, officeholder living expense		
		Shippment			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	experialiture to beliefit C/OI	'			
	Date	Payee name			
	04/14/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5.88	200 W Huntland Dr			
		Austin, TX 78752			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel of	outside of Texas. Complete Schedule T.		
	EXI ENDITORE	Check if Austin, Ride Share	TX, officeholder living expense		
		Riue Stidle			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI		Office Held		
-	Data	Davida marra			
	Date 06/03/2025	Payee name Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5.99	200 W Huntland Dr			
		Austin, TX 78752			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(= 0 1.01.11.=		
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. TX, officeholder living expense		
		Ride Share	TA, Unicerioder living expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/54 Rpt: 61/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	01/30/2025	VZCRC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$521.15	PO Box 202
		Canton, TX 75103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Sponsor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to berieff C/Or	
	Date	Payee name
	02/04/2025	Vick, John
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	302 Shepard's Hill Drive
		Rockwall, TX 75087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Campaign Support
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	03/04/2025	Vick, John
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 302 Shepard's Hill Drive
	φ300.00	302 Shepard's Filli Drive
		Rockwall, TX 75087
	PURPOSE	To a
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly Campaign Support
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	'
	expenditure to benefit C/OI	<u>'</u>
	expenditure to benefit C/OI	<u>'</u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/54 Rpt: 62/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	04/06/2025	Vick, John
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	302 Shepard's Hill Drive
		Rockwall, TX 75087
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Campaign Support
		monthly Sampaign Support
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	05/05/2025	Vick, John
_	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	302 Shepard's Hill Drive
	Ψ300.00	302 Shepard 3 mill brive
		Rockwall, TX 75087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Monthly Campaign Support
	Compulate ONLY if direct	Condidate/Office helds no year
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/04/2025	Vick, John
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	302 Shepard's Hill Drive
		Rockwall, TX 75087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Monthly Campaign Support
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		-
	Sch: 52/54 Rpt: 63/65	Hall III, Robert L. (The Honorable) 00067980	
4	Date	5 Payee name	-
	02/18/2025	Walmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$15.03	5017 Highway 290	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Office Supplies	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	Complete ONLY if direct expenditure to benefit C/OI		
_			=
	Date	Payee name	
	04/21/2025	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.75	5017 Highway 290	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Office Supplies	
		Office Supplies	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
-	Date	Payeo namo	=
	06/10/2025	Payee name Walmart	
			_
	Amount (\$) \$25.92	Payee address; City; State; Zip Code 5017 Highway 290	
	φ25.92	3017 Filgriway 290	
		Aughin TV 70701	
		Austin, TX 78701	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Office Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
			_

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/54 Rpt: 64/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	06/30/2025	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.83	5017 Highway 290
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
		Since Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/18/2025	William Paul Floral Design
H	Amount (\$)	Payee address; City; State; Zip Code
	\$345.58	1403 Lavaca St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Floral Event Setup
		Tioral Event Octup
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/14/2025	Wills Point Chamber of Commerce
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 178
		Wills Point, TX 75169
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Tickets
		Event rickets
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/54 Rpt: 65/65	Hall III, Robert L. (The Honorable) 00067980
4	Date	5 Payee name
	03/10/2025	Wills Point Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	PO Box 178
		Wills Point, TX 75169
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Tickets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/27/2025	Women in Need, inc.
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$265.50	PO Box 349
		Greenville, TX 75401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Tickets
		LVOIR FIORCES
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/04/2025	ZOOM
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$167.90	55 Almaden Blvd
		Ste 600
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Subscription
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		