FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00066188 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Ursula A. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Hall CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Anthony W. NAME NICKNAME LAST **SUFFIX** Hall Ш **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 503-8070 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge Place Former Judg District 165 Harris District Judge District Unknown

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Hall, Ursula A. (The I	Honorable)	14 Filer ID 00066188	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 14,944.30
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 129,181.76
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		The Ho	norable Ursula A. Hal	I
		Signature o	f Candidate or Officehol	lder
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

18 FILER NA Hall, Ursi	ME ula A. (The Honorable)	19 Filer ID 00066188	(Ethics Commission Filers)						
l	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT						
1.	1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)								
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 17,547.10						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 14,944.30						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$						

	LOANS (J	IUDICIAL)				SCHEDULE E(J)
	The Instruction	on Guide explains how to complete this t	form.	1		ges Schedule E(J): 7 Rpt: 4/25
2	FILER NAME Hall, Ursula A. (The Honorable)		3		(Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		<u> </u>		\$
5	Date of loan 06/27/2025	7 Name of lender Out-of-state PA	AC (ID#:)	9 Loan Amount (\$) \$11,461.02
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate
	No	Houston, TX 77252				11 Maturity Date
12	! Lender's Principal	Occupation	13 Lender's Job Title			
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if	any)	
16	If lender is child, la	aw firm of parent(s) (if any)				
17	Description of Col	lateral	18 Check if personal funds we	ere c	leposited	l into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Guaranteed (\$)
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code			
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	oous	e (if any)	
27	' If guarantor is chil	d, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
	The Instruction	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 2/7 Rpt: 5/25			
2	FILER NAME Hall, Ursula A. (Γhe Honorable)		3 Filer ID (Ethics Commission Filers) 00066188			
4	TOTAL OF UN	ITEMIZED LOANS			\$		
5	Date of loan 01/28/2025	7 Name of lender out-of-state PA	C (ID#:		9 Loan Amount (\$) \$2,964.33		
6	Is lender a financial institution?	10 Interest Rate					
	No	Houston, TX 77252			11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title				
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)			
16	If lender is child, la	w firm of parent(s) (if any)	<u>L</u>				
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposite	ed into political account (See Instructions)		
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)		
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code				
25	Guarantor's Emplo	over/I aw Firm	26 Law Firm of guarantor's sp	ouse (if an	v)		
					.,,		
27	If guarantor is child	d, law firm of parent(s) (if any)					

	LOANS (J	IUDICIAL)				SCHEDULE E(J)
	The Instruction	on Guide explains how to complete this	form.	1		ges Schedule E(J): 7 Rpt: 6/25
2	FILER NAME Hall, Ursula A. (The Honorable)		3		(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		<u>1 </u>		\$
5	Date of loan 01/30/2025	7 Name of lender out-of-state PA	AC (ID#:)	9 Loan Amount (\$) \$500.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate 11 Maturity Date
	No	Houston, TX 77252				II Maturity Date
12	! Lender's Principal	Occupation	13 Lender's Job Title			I
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if	any)	
16	If lender is child, la	aw firm of parent(s) (if any)				
17 Description of Collateral X None			18 Check if personal funds we	ere d	eposited	into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Guaranteed (\$)
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code			
25	Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's sp	oouse	e (if anv)	
	,				, ,,	
27	If guarantor is child	d, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
	The Instruction	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 4/7 Rpt: 7/25			
2	FILER NAME Hall, Ursula A. (Γhe Honorable)		3 Filer ID (Ethics Commission Filers) 00066188			
4	TOTAL OF UN	ITEMIZED LOANS		<u> </u>	\$		
5	Date of loan 03/26/2025	7 Name of lender out-of-state PA	C (ID#:		9 Loan Amount (\$) \$191.75		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
	No	Houston, TX 77252			11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title				
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)			
16	If lender is child, la	w firm of parent(s) (if any)					
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposite	ed into political account (See Instructions)		
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)		
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code				
25	Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's sp	ouse (if an	Λ		
			20 Eaw Firm of guarantor 5 sp	ouse (ii uii)	,,		
27	If guarantor is child	d, law firm of parent(s) (if any)					

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instructio	n Guide explains how to complete this f	orm.	1	ges Schedule E(J): 7 Rpt: 8/25
2	FILER NAME Hall, Ursula A. (Γhe Honorable)		3 Filer ID 000661	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS			\$
5	Date of loan 04/29/2025	7 Name of lender out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$1,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 11 Maturity Date
	No	Houston, TX 77252			II Maturity Bate
12	Lender's Principal	Occupation	13 Lender's Job Title		
14	Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if any)	
16	If lender is child, la	w firm of parent(s) (if any)	<u>L</u>		
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposited	l into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
	X not applicable	21 Guarantor address; City; State;	Zip Code		
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instructio	n Guide explains how to complete this f	orm.	1	ges Schedule E(J): 7 Rpt: 9/25
2	FILER NAME Hall, Ursula A. (Γhe Honorable)		3 Filer ID 000661	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS		l	\$
5	Date of loan 05/21/2025	7 Name of lender out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$1,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 11 Maturity Date
	No	Houston, TX 77252			II Watanty Bate
12	Lender's Principal	Occupation	13 Lender's Job Title		
14	Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if any)	
16	If lender is child, la	w firm of parent(s) (if any)	<u>L</u>		
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposited	into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
	X not applicable	21 Guarantor address; City; State;	Zip Code		
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

LOANS (JUDICIAL)			SCHEDULE E(J)		
The Instruct	ion Guide explains how to complete this	form.	1 Total pages Schedule E(J): Sch: 7/7 Rpt: 10/25			
2 FILER NAME Hall, Ursula A.	(The Honorable)		3 Filer ID (Ethics Commission Filers) 00066188			
4 TOTAL OF U	INITEMIZED LOANS			\$		
5 Date of loan 06/10/2025	7 Name of lender out-of-state Pa	AC (ID#:)	9 Loan Amount (\$) \$430.00		
6 Is lender a financial institution?	financial					
No	Houston, TX 77252			11 Maturity Date		
12 Lender's Princip	al Occupation	13 Lender's Job Title				
14 Lender's Employ	yer/Law Firm	15 Law Firm of lender's spous	se (if any)			
16 If lender is child	law firm of parent(s) (if any)	1				
17 Description of C X None	ollateral	18 Check if personal funds we	ere deposite	d into political account (See Instructions)		
19 GUARANTOR INFORMATION	20 Name of guarantor	•		22 Amount Guaranteed (\$)		
X not applicable 23 Guarantor's Prir		Zip Code 24 Guarantor's Job Title				
25 Guarantor's Em	plover/Law Firm	26 Law Firm of guarantor's sp	ouse (if anv)		
		3		,		
27 If guarantor is cl	nild, law firm of parent(s) (if any)					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 1/14 Rpt: 11/25	Hall, Ursula A. (The Honorable)	00066188
4	Date	5 Payee name	
	01/27/2025	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$55.00	14 Arrow Street, Suite 11	
		,	
		Cambridge, MA 02138	
8	PURPOSE		
o	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Ponduons Made By	TX, officeholder living expense
		Membership	Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/28/2025	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$145.00	14 Arrow Street, Suite 11	
	42.0.00	_	
		Cambridge, MA 02138	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Captributions (Parations Made Property of the Schedule)	outside of Texas. Complete Schedule T.
	EXPENDITURE	Continuations/Donations Made By	TX, officeholder living expense
		Convention F	ees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/21/2025	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	110 Kippax Street	
		Sydney Sydney Australia	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Online graphi	c design
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

sement Solicitation/Fundraising Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			egal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter		listed above)
	Credit Card Fayment		Т	he Instruction G	uide explains h	low to col	mple	te this form.				
1	Total pages Schedule F1:	2 FIL	LER NAME						3	Filer ID	(Ethics Co	ommission Filers)
	Sch: 2/14 Rpt: 12/25	Ha	all, Ursula <i>A</i>	(The Honora	able)					00066188		
4	Date	5 Pa	yee name									
	02/21/2025	Ca	anva									
6	Amount (\$)	7 Pa	yee address	; City;	State:	Zip Co	de					
_	\$15.00		.0 Kippax S		,	_,						
	420.00		- Cppca. C	001								
			idaay Cyida	ov Augtrolia								
				ey Australia		-						
8	PURPOSE OF			Categories listed at t	he top of this sche	edule)	(b)	Description				
	EXPENDITURE	Ad	dvertising E	xpense				Check if Austin		officeholder livir		le T.
								Online graphi			ig oxported	
								5 1		• •		
9	Complete ONLY if direct	<u>I</u> Can	ndidate/Office	holder name	0	ffice soug	aht			Office h	neld	
•	expenditure to benefit C/OI				· ·		9			000 .	.0.0	
	Date											
	03/21/2025		ayee name									
			anva		<u> </u>							
	Amount (\$)		yee address	•	State;	Zip Co	ae					
	\$15.00	++	L0 Kippax S	treet								
		Sy	/dney Sydn	ey Australia								
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE	Ad	dvertising E	xpense						de of Texas. Co		le T.
								Check if Austin, Online graphi			ig expense	
								Orinine graprii	103	αρρ		
	Complete ONLY if direct	Can	ndidate/Office	holder name	0	ffice sou	aht			Office h	neld	
	expenditure to benefit C/OI		ididate/Office	molder mame	O	mee sou	giit			Office i	iciu	
	Dete											
	Date		yee name									
	04/21/2025		anva									
	Amount (\$)		yee address		State;	Zip Co	de					
	\$15.00	11	.0 Kippax S	treet								
		Sy	/dney Sydn	ey Australia								
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Ad	dvertising E	xpense				Check if travel of			•	le T.
								Check if Austin, Online graphi			ig expense	
								Ornine grapin	ic3	սիի		
	Complete ONLY if direct	<u> </u>	didata/Office	holder name		ffice servi	abt			Office	old	
	Complete ONLY if direct expenditure to benefit C/OI		iuiuale/Oπice	holder name	O	ffice sou	ynt			Office h	lelu	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/14 Rpt: 13/25	Hall, Ursul	a A. (The Honorable)					00066188	
4	Date	5 Payee nam	e						
	05/21/2025	Canva							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode				
	\$15.00	110 Kippa		- п					
		Sydney Sy	/dney Australia						
8	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Advertisin	g Expense			=		ide of Texas. Com , officeholder livin	nplete Schedule T.
						Online graph			g expense
						3 -4			
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	<u>l</u> ught			Office h	eld
	· 								
	Date	Payee nam							
	01/28/2025	Chase Ba							
	Amount (\$)	Payee addr	•	State; Zip Co	ode				
	\$15.00	270 Park <i>i</i>	Avenue						
		New York,	TX 10017						
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting				=			nplete Schedule T.
						Monthly Fee	, TX	, officeholder living	g expense
						Monthly ree			
	Complete ONLY if direct	Candidato/O	fficeholder name	Office sou	ıaht			Office h	old
	expenditure to benefit C/O		miceriolaer name	Office Soi	agnt			Office fr	eiu
	Date	Payee nam	e						
	02/28/2025	Chase Ba	nk						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
	\$15.00	270 Park /	Avenue						
		New York,	TX 10017						
	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description	- ·	ide of T C	anlete Cohodule T
	EXPENDITURE	Accounting	g/Banking					de of Texas. Con , officeholder livin	nplete Schedule T.
						Monthly fee	,	, zoo.loidoi iiviii	g p 31100
						,			
	Complete ONLY if direct	L Candidate/∩	fficeholder name	Office sou	l Jaht			Office h	eld
	expenditure to benefit C/O			200 000	9.10			C00 II	

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 4/14 Rpt: 14/25	Hall, Ursula A. (The Honorable) 00066188
4	Date	5 Payee name
	03/31/2025	Chase Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	270 Park Avenue
		New York, TX 10017
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. Check if Austin, TX, officeholder living expense
		Monthly fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	04/30/2025	Chase Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	270 Park Avenue
		New York, TX 10017
	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
		Monthly Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/30/2025	Chase Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	270 Park Avenue
		New York, TX 10017
	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
		Monthly fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 5/14 Rpt: 15/25	Hall, Ursula A. (The Honorable) 00066188
4	Date	5 Payee name
	06/30/2025	Chase Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	270 Park Avenue
		New York, TX 10017
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	'
	Date	Payee name
	01/06/2025	Constant Contact Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.02	1601 Trapelo Road, 3rd Floor
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Bulk Email System
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	
	Date 02/05/2025	Payee name Constant Contact Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.02	1601 Trapelo Road, 3rd Floor
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email system fees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

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	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: 6/14 Rpt: 16/25	Hall, Ursula A. (The Honorable) 00066188
4	Date	5 Payee name
	03/05/2025	Constant Contact Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.02	1601 Trapelo Road, 3rd Floor
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	H
	Date	Payee name
	05/02/2025	Constant Contact Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.04	1601 Trapelo Road, 3rd Floor
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email service
		Citial Scivice
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
F	Date	Payee name
	06/05/2025	Constant Contact Inc.
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	1601 Trapelo Road, 3rd Floor
	400.20	
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Email system
\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 Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	P FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 17/25	Hall, Ursula A. (The Honorable)	00066188
4	Date	Payee name	
	06/30/2025	Facebook	
6	Amount (\$) \$69.79	Payee address; City; State; Zip Code 1601 S. California Avenue Palo Alto, CA 94304	
8	PURPOSE OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/02/2025	GoDaddy, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.18	2155 E. GoDaddy Way Tempe, AZ 85284	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense ed fees
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
L	01/13/2025	GoDaddy, Inc.	
	Amount (\$) \$102.21	Payee address; City; State; Zip Code 2155 E. GoDaddy Way	
		Tempe, AZ 85284	
	PURPOSE OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee Legal Servi			s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
<u> </u>	T				1	_	E1 15	(Ethio 0
1	Total pages Schedule F1: Sch: 8/14 Rpt: 18/25	Hall, Ursula A. (The	Honorable)			l	Filer ID 00066188	(Ethics Commission Filers)
4	Date	Payee name						
	01/14/2025	GoDaddy, Inc.						
6	Amount (\$)	Payee address; C	ity; State; Zi	Code				
	\$102.21	2155 E. GoDaddy V	Vay					
		Tempe, AZ 85284						
8	PURPOSE	A) Category (See Categorie	es listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising Expense						plete Schedule T.
	EXI ENDITORE				ш		officeholder living	expense
					Email system	1 - te	es	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	sought			Office he	eld
	Date	Payee name						
	01/26/2025	GoDaddy, Inc.						
	Amount (\$)	Payee address; C	ity; State; Zi	Code				
	\$31.97	2155 E. GoDaddy V	Vay					
		Tempe, AZ 85284						
	PURPOSE OF	A) Category (See Categorie	es listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Advertising Expense	е				e of Texas. Comp officeholder living	plete Schedule T.
					Online securi			
						-, -	(,
	Complete ONLY if direct	Candidate/Officeholder	name Office	sought			Office he	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	02/03/2025	GoDaddy, Inc.						
	Amount (\$)		ity; State; Zij	n Code				
	\$19.18	2155 E. GoDaddy V		Couc				
	Φ19.10	ZISS L. GoDaddy V	vay					
		Tempe, AZ 85284						
	PURPOSE	-		(b)	Description			
	OF	Advertising Expense	es listed at the top of this schedule)			outsid	e of Texas. Comp	plete Schedule T.
	EXPENDITURE	Advertising Expense	-				officeholder living	
					Website fees			
	Complete ONLY if direct	Candidate/Officeholder	name Office	sought			Office he	eld
	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 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 19/25	Hall, Ursula A. (The Honorable) 00066188
4	Date	5 Payee name
	02/27/2025	GoDaddy, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.97	2155 E. GoDaddy Way
		Tempe, AZ 85284
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Email systems
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	1
	Date	Payee name
	03/27/2025	GoDaddy, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$268.06	2155 E. GoDaddy Way
		2100 2. 002 444, 114,
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email, website, online security
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	GoDaddy, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.50	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Web, email, online security
	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 Con 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	·)
-	Sch: 10/14 Rpt: 20/25	Hall, Ursula A. (The Honorable)	,
4	Date	5 Payee name	
	05/27/2025	GoDaddy, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$83.12	2155 E. GoDaddy Way	
		Tempe, AZ 85284	
		Tempe, AZ 05204	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense	
		Email, website, online security	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	_
	06/27/2025	GoDaddy, Inc.	
		· ·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.15	2155 E. GoDaddy Way	
		Tempe, AZ 85284	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Email, website, online security	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	_
	06/27/2025	Jackson Walker LLP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11,461.02	5 Houston Center	
		Houston, TX 77010	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		JCC Trial	
	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 Co 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: 11/14 Rpt: 21/25	Hall, Ursula A. (The Honorable) 00066188
4	Date	5 Payee name
	01/16/2025	Media Bistro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$297.00	475 Park Ave S
		New York, NY 10016
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Content writer services
		Content writer services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
⊨	Date	Power name
	02/18/2025	Payee name Media Bistro
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$297.00	475 Park Ave S
		New York, NY 10016
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Content referral services
		Content relettal services
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Power name
	03/17/2025	Payee name Media Bistro
	Amount (\$) \$297.00	Payee address; City; State; Zip Code 475 Park Ave S
	Φ297.00	475 Paik Ave 5
		N
		New York, NY 10016
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Content referral service
1		255
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 22/25	Hall, Ursula A. (The Honorable) 00066188
4	Date	5 Payee name
	05/01/2025	Media Bistro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$297.00	475 Park Ave S
		New York, NY 10016
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Content referral service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/02/2025	Reach
	Amount (\$)	Payee address; City; State; Zip Code
	\$460.00	6401 W 106th St
		Bollomington, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOTV App
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/30/2025	Simpletexting.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.91	1815 Purdy Avenue
		Miami Beach, FL 33139
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Text Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to beliefft 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: 13/14 Rpt: 23/25	Hall, Ursula A. (The Honorable) 00066188
4	Date	5 Payee name
	03/03/2025	Simpletexting.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.31	1815 Purdy Avenue
		Miami Beach, FL 33139
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Text service
		1 SAL SOLVIOS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
┡		
	Date	Payee name
	03/31/2025	Simpletexting.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.91	1815 Purdy Avenue
		Miami Beach, FL 33139
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Text service
		TONE SOLVICE
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨		
	Date	Payee name
	04/30/2025	Simpletexting.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.15	1815 Purdy Avenue
		Miami Beach, FL 33139
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Text service
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to benefit C/OI	'

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/14 Rpt: 24/25	Hall, Ursula A. (The Honorable) 00066188
4	Date	5 Payee name
	05/01/2025	Simpletexting.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.18	1815 Purdy Avenue
	75-1-5	
		Miami Beach, FL 33139
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Text Service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	06/06/2025	Simpletexting.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.10	1815 Purdy Avenue
		Miami Beach, FL 33139
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Text service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

OU	TSTAN	NDING LOANS	SCHEDULE L		
The	The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: Sch: 1/1 Rpt: 25/25		
	NAME Ursula A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066188		
LEND	ER RMATION	4 Name of lender Hall, Ursula (Judge)	1		
		5 Lender address; City; State; Zip Code			
		Houston, TX 77252			
	RANTOR RMATION	6 Name of guarantor			
X no	ot applicable	7 Guarantor address; City; State; Zip Code			