

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | | | | | | | |
|---|---|---|--|-------------------------------------|--|--|--|----------------------------------|--|--|--|--|------------|---------|--|--|------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00067980 | 2 Total pages filed: 23 | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Robert L.</td> <td style="width: 40%;">MI MI</td> </tr> </table> | | MS / MRS / MR The Honorable | FIRST Robert L. | MI MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/02/2026 | | | | | | | | | | | |
| | MS / MRS / MR The Honorable | FIRST Robert L. | MI MI | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Bob</td> <td style="width: 30%;">LAST Hall</td> <td style="width: 40%;">SUFFIX III</td> </tr> </table> | | NICKNAME Bob | LAST Hall | SUFFIX III | | | | | | | | | | | | | |
| NICKNAME Bob | LAST Hall | SUFFIX III | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 728 Private Road 7005 Edgewood, TX 75117 | | Date Hand-delivered or Date Postmarked | | | | | | | | | | | | | | |
| | | | <table style="width: 100%;"> <tr> <td style="width: 60%;">Receipt #</td> <td style="width: 40%;">Amount</td> </tr> </table> | Receipt # | Amount | | | | | | | | | | | | |
| | Receipt # | Amount | | | | | | | | | | | | | | | |
| | | | Date Processed | | | | | | | | | | | | | | |
| | | Date Imaged | | | | | | | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST Michael F.</td> <td style="width: 40%;">MI MI</td> </tr> </table> | | | MS / MRS / MR Mr. | FIRST Michael F. | MI MI | | | | | | | | | | | |
| | MS / MRS / MR Mr. | FIRST Michael F. | MI MI | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Mike</td> <td style="width: 30%;">LAST Slaton</td> <td style="width: 40%;">SUFFIX</td> </tr> </table> | | | NICKNAME Mike | LAST Slaton | SUFFIX | | | | | | | | | | | | |
| NICKNAME Mike | LAST Slaton | SUFFIX | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 305 Brookwood Forest Dr. Sunnyvale, TX 75182 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 343-0642 | | | | | | | | | | | | | | | | |
| 8 REPORT TYPE | <table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | | |
| <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | | | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | | | | | | | | | | |
| 9 PERIOD COVERED | <table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 20%;"></td> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td></td> <td></td> <td>01/01/2026</td> <td style="text-align: center;">THROUGH</td> <td></td> <td></td> <td>01/22/2026</td> </tr> </table> | | | Month | Day | Year | | Month | Day | Year | | | 01/01/2026 | THROUGH | | | 01/22/2026 |
| Month | Day | Year | | Month | Day | Year | | | | | | | | | | | |
| | | 01/01/2026 | THROUGH | | | 01/22/2026 | | | | | | | | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/03/2026 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) State Senator District 2 | | 12 OFFICE SOUGHT (if known) State Senator District 2 | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 23

| | | | |
|----------------|-------------------------------------|-------------|----------------------------|
| 13 C / OH NAME | Hall III, Robert L. (The Honorable) | 14 Filer ID | (Ethics Commission Filers) |
| | | 00067980 | |

| | | |
|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input checked="" type="checkbox"/> GENERAL | TREPAC |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| | | 1115 San Jacinto Blvd Ste 200 Austin, TX 78701 |
| | COMMITTEE CAMPAIGN TREASURER NAME | Cantu, Leslie |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | P.O. Box 2246 Austin, TX 78768 |

| | | |
|-------------------------|---|---------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 95,315.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 25,390.60 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 350,120.16 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 AFFIDAVIT

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

The Honorable Robert L. Hall III

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 23

| | | |
|---|---|---|
| 18 FILER NAME Hall III, Robert L. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00067980 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 95,315.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 25,390.60 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/23 |
| 2 FILER NAME Hall III, Robert L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/22/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Barbara 6 Contributor address; City; State; Zip Code Dallas, TX 75205 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 01/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gary Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Commercial real estate | | Employer (See Instructions) Self |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archer, Ira Contributor address; City; State; Zip Code Dallas, TX 75206 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Investor | | Employer (See Instructions) Self |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill, McNutt Contributor address; City; State; Zip Code Dallas, TX 75205 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Archer Contributor address; City; State; Zip Code Terrell, TX 75160 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/23 |
| 2 FILER NAME Hall III, Robert L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/16/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Danielle 6 Contributor address; City; State; Zip Code Grapevine, TX 76051 | 7 Amount of Contribution (\$) \$5,000.00 |
| 8 Principal occupation / Job title (See Instructions) Partnerships | | 9 Employer (See Instructions) Patriot Mobile |
| Date 01/06/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Ruth Contributor address; City; State; Zip Code Bulverde, TX 78163 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Claire Contributor address; City; State; Zip Code Dallas, TX 75206 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/08/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevron Employee PAC Contributor address; City; State; Zip Code San Ramon, CA 94583 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, Lee Contributor address; City; State; Zip Code Ben Wheeler, TX 75754 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/23 |
| 2 FILER NAME Hall III, Robert L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/15/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colman, Ronin <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 01/03/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darlene, Pendery <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Mason <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Surgeon | | Employer (See Instructions) Methodist Health System |
| Date 01/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Cannon <hr/> Contributor address; City; State; Zip Code Houston, TX 77063 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drewry, Chris <hr/> Contributor address; City; State; Zip Code Flint, TX 75762 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Construction Manager | | Employer (See Instructions) Frontier Integrity Solutions |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/9 Rpt: 7/23 |
| 2 FILER NAME Hall III, Robert L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/22/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmark, Tomima <hr/> 6 Contributor address; City; State; Zip Code Dalkas, TX 75205 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Ecommerce | | 9 Employer (See Instructions) Andra Group |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Biesel <hr/> Contributor address; City; State; Zip Code Dallas, TX 76228 | Amount of Contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/16/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Heavin <hr/> Contributor address; City; State; Zip Code Gatesville, TX 76528 | Amount of Contribution (\$) \$20,000.00 |
| Principal occupation / Job title (See Instructions) Founder | | Employer (See Instructions) Curves International |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Isaacs <hr/> Contributor address; City; State; Zip Code Allen, TX 75013 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Witten <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Witten Advisors, LLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/23 |
| 2 FILER NAME Hall III, Robert L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/16/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heavin, Gary <hr/> 6 Contributor address; City; State; Zip Code Gatesville, TX 76528 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 01/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Richard <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) VP Land | | Employer (See Instructions) Sowell & Co |
| Date 01/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huddleston, Kason <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Minister | | Employer (See Instructions) Self |
| Date 01/12/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffines Liberty PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/08/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffines, Phillip <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Real estate | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/23 |
| 2 FILER NAME Hall III, Robert L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/21/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken, Goldberg 6 Contributor address; City; State; Zip Code Dallas, TX 75230 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 01/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liland, David Contributor address; City; State; Zip Code Dallas, TX 75219 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/05/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorne, Liechty Contributor address; City; State; Zip Code Heath, TX 75032 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Liechty, McGinnis, Berryman & Bowen LLP |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Robert Contributor address; City; State; Zip Code Boerne, TX 78006 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Robert C Lowry, PLLC |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Robert Contributor address; City; State; Zip Code Boerne, TX 78006 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Robert C Lowry, MD PLLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/23 |
| 2 FILER NAME Hall III, Robert L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/14/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Terry <hr/> 6 Contributor address; City; State; Zip Code Parker, TX 75002 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 01/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Lillie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/19/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Payton <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Dowd Bennett LLP |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosser, Newton <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205 | Amount of Contribution (\$) \$3,000.00 |
| Principal occupation / Job title (See Instructions) Retired Attorney | | Employer (See Instructions) Retired |
| Date 01/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah M.D., Rinoo <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Physician |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/23 |
| 2 FILER NAME Hall III, Robert L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/18/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaton, Michael F <hr/> 6 Contributor address; City; State; Zip Code Sunnyvale, TX 75182 | 7 Amount of Contribution (\$) \$300.00 |
| 8 Principal occupation / Job title (See Instructions) Financial Services | | 9 Employer (See Instructions) Self Employed |
| Date 01/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Catherine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/16/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bureau AGFund PAC <hr/> Contributor address; City; State; Zip Code Waco, TX 76702 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/12/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tice, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Employer | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/23 |
| 2 FILER NAME Hall III, Robert L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/21/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traore, Issa 6 Contributor address; City; State; Zip Code Richardson, TX 75081 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 01/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodward, Stan Contributor address; City; State; Zip Code Dallas, TX 75229 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoubi, Joe Contributor address; City; State; Zip Code Canton, TX 75103 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) President/ Owner | | Employer (See Instructions) Dukes |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/11 Rpt: 13/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/21/2026 | 5 Payee name Amazon | |
| 6 Amount (\$) \$103.89 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/07/2026 | Payee name Axion | |
| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code 800 W 47th St Kansas City, MO 64112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/09/2026 | Payee name Box It Up | |
| Amount (\$) \$69.18 | Payee address; City; State; Zip Code 207 South, 207 S Buffalo St Canton, TX 75103 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing Package |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/11 Rpt: 14/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/06/2026 | 5 Payee name Campaign Financial Services, LLC | |
| 6 Amount (\$) \$350.00 | 7 Payee address; City; State; Zip Code 1213 Cedar Cove Pl Royse City, TX 75189 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Admin Support |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/14/2026 | Payee name Capitol Gift Shop | |
| Amount (\$) \$286.00 | Payee address; City; State; Zip Code 1100 Congress Ave Austin, TX 75103 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Ornaments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/07/2026 | Payee name Chick-fil-A | |
| Amount (\$) \$35.65 | Payee address; City; State; Zip Code 200 Sharaf Ave Red Oak, TX 75154 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lunch |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 3/11 Rpt: 15/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/06/2026 | 5 Payee name City of Austin | |
| 6 Amount (\$) \$42.71 | 7 Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78783 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/19/2026 | Payee name Collin County GOP | |
| Amount (\$) \$1,000.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reagan Day Dinner Sponsorship |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/02/2026 | Payee name Gables Park | |
| Amount (\$) \$3,484.74 | Payee address; City; State; Zip Code 115 Sandra Muraida Way Austin, TX 78703 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 4/11 Rpt: 16/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/12/2026 | 5 Payee name Golden Corridor Republican Women | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code PO Box 162 Frisco, TX 75034 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsor |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/20/2026 | Payee name Google One | |
| Amount (\$) \$3.19 | 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) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Storage Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/02/2026 | Payee name Google Suite | |
| Amount (\$) \$74.19 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Hosting Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/11 Rpt: 17/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/13/2026 | 5 Payee name Incredible Cookies | |
| 6 Amount (\$) \$358.99 | 7 Payee address; City; State; Zip Code 4528 Avenue S Galveston, TX 77551 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cookies for Campaign Event |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/05/2026 | Payee name Kaufman County Republican Party | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 209 E Fair St Kaufman, TX 75142 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsor |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/09/2026 | Payee name Keepers Press | |
| Amount (\$) \$3,231.26 | Payee address; City; State; Zip Code 1905 Alpha Dr Rockwall, TX 75087 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 6/11 Rpt: 18/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/05/2026 | 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 | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Campaign Support |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/14/2026 | Payee name Minuteman Press | |
| Amount (\$) \$564.40 | Payee address; City; State; Zip Code 1104 B Ridge Rd Rockwall, TX 75087 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Push Cards |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/05/2026 | Payee name Morris, Chris | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 508 FM 4108 Canton, TX 75103 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Campaign Support |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 7/11 Rpt: 19/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/05/2026 | 5 Payee name Pasturas Los Alazan | |
| 6 Amount (\$) \$32.46 | 7 Payee address; City; State; Zip Code 1821B S St Augustine Dr Center Dallas, TX 75217 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lunch |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/05/2026 | Payee name Patriot Mobile LLC | |
| Amount (\$) \$927.19 | Payee address; City; State; Zip Code 1111 S Main St Grapevine, TX 76051 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsor |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/22/2026 | Payee name Raise the Money | |
| Amount (\$) \$1,698.47 | Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFT processing fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 8/11 Rpt: 20/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/05/2026 | 5 Payee name Ray, Miles | |
| 6 Amount (\$) \$3,000.00 | 7 Payee address; City; State; Zip Code 6508 Scenic Cove Austin, TX 78739 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Support |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/21/2026 | Payee name Republican Party of Navarro County | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code PO Box 1272 Corsicana, TX 75151 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table For Meet and Greet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/06/2026 | Payee name Rockwall County GOP | |
| Amount (\$) \$2,590.75 | Payee address; City; State; Zip Code 112 Kenway Rockwall, TX 75087 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reagan Day Dinner Sponsor |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 9/11 Rpt: 21/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/05/2026 | 5 Payee name Rockwall County Republican Women | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code PO Box 1354 Rockwall, TX 75087 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsor |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/05/2026 | Payee name Rockwall County Republican Women | |
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code PO Box 1354 Rockwall, TX 75087 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Ticket |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/14/2026 | Payee name Royse City Chamber of Commerce | |
| Amount (\$) \$25.75 | Payee address; City; State; Zip Code 216 N Arch St suite d Royse City, TX 75189 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Ticket |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 10/11 Rpt: 22/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/06/2026 | 5 Payee name Texas Valor Project | |
| 6 Amount (\$) \$354.27 | 7 Payee address; City; State; Zip Code 236 Harvest Ridge Rockwall, TX 75032 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Tournament Sponsor |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/13/2026 | Payee name Van Zandt County Republican Club | |
| Amount (\$) \$729.48 | Payee address; City; State; Zip Code PO Box 202 Canton, TX 75103 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reagan Day Dinner Sponsor |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/05/2026 | Payee name Vick, John | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 302 Shepard's Hill Drive Rockwall, TX 75087 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Campaign Support |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 11/11 Rpt: 23/23 | 2 FILER NAME Hall III, Robert L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067980 |
| 4 Date 01/05/2026 | 5 Payee name Vick, John | |
| 6 Amount (\$) \$651.13 | 7 Payee address; City; State; Zip Code 302 Shepard's Hill Drive Rockwall, TX 75087 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse Uhaul, gas, supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/05/2026 | Payee name Vick, John | |
| Amount (\$) \$32.45 | Payee address; City; State; Zip Code 302 Shepard's Hill Drive Rockwall, TX 75087 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse Uhaul, gas, supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/21/2026 | Payee name Walmart | |
| Amount (\$) \$14.45 | Payee address; City; State; Zip Code 5017 Highway 290 Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |