

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)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.
NICKNAME

Jimmy
LAST

Alan
SUFFIX

Hall

OFFICE USE ONLY

Date Received

Received

JAN 15 2019

Elections Office

DS

Date Hand-delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

401 Green Acres Dr. Wimberley TX 78676

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 722-3190

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.
NICKNAME

Heather
LAST

SUFFIX

Richards

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

505 Mission Trail Wimberley TX 78676

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(847) 312-0596

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10 / 28 / 2018

THROUGH

Month

Day

Year

12 / 31 / 2018

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 06 / 18

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Hays County Commissioner
Precinct 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jimmy Alan Hall 15 Filer ID (Ethics Commission Filers)

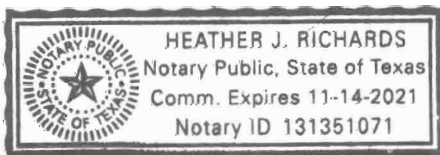
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 984.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,732.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 553.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,684.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 524.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,609.31

18 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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jimmy Alan Hall, this the 15th day of January, 20 19, to certify which, witness my hand and seal of office.

H. Richards

Signature of officer administering oath

Heather Richards

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1748
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	\$ 5609.31
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,131.04
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 538.58
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merle Moden	7 Amount of contribution (\$) 100 ⁰⁰
6 Contributor address; City; State; Zip Code 1111 Thompson Ranch Rd. Wimberley TX 78676		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nerissa Oden	Amount of contribution (\$) 50 ⁰⁰
Contributor address; City; State; Zip Code 121 Canyon Gap Rd. Wimberley TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemary + James Nelson	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 130 B. Utterback Kyle, TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Steinberg	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 13125 Fieldstone Loop Austin, TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Bowers 6 Contributor address; City; State; Zip Code 25 Ranch View Trail Wimberley TX 78676	7 Amount of contribution (\$) 50⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Flocke Contributor address; City; State; Zip Code PO BOX 1224 Wimberley TX 78676	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Sosby Contributor address; City; State; Zip Code 251 Bluffview Dr. Wimberley TX 78676	Amount of contribution (\$) 50⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Carnes Contributor address; City; State; Zip Code 351 Limestone Lane Driftwood TX 78619	Amount of contribution (\$) 423⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Jimmy Alan Hall

3 Filer ID (Ethics Commission Filers)

4 Date

11/1/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Hardin - Jones

6 Contributor address;

City; State; Zip Code

1167 North Hidalgo Dr. Laramie WY 82072

7 Amount of contribution (\$)

100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/9/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Micheal + Christine Rambo

Contributor address;

City; State; Zip Code

2614 FM 3237 Wimberley TX 78676

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/9/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rebecca Minnick

Contributor address;

City; State; Zip Code

2235 River Road Wimberley TX 78676

Amount of contribution (\$)

75⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anita Privett

Contributor address;

City; State; Zip Code

5214 Joe Sayers Ave #3 Austin TX 78756

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

11/19/18

Armando Perez

50⁰⁰

6 Contributor address;

City; State; Zip Code

200 Tuscan Villa Dr. Wimberley TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/15/18

Betsy Singleton

100⁰⁰

Contributor address;

City; State; Zip Code

96 Elm Hill Ct. San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/19/18

Elaine + Rene Cardenas

50⁰⁰

Contributor address;

City; State; Zip Code

501 Carney Lane Wimberley TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/19/18

Christopher Hayden

100⁰⁰

Contributor address;

City; State; Zip Code

237 North Diamond Ave. Canon City CO 81212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

Jimmy Alan Hall

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$5,609.31

5 Date of loan

10/30/18

7 Name of lender

☐ out-of-state PAC (ID#: _____)

Jimmy Alan Hall

9 Loan Amount (\$)

350

6 Is lender a financial Institution?

Y ☒ N

8 Lender address; City; State; Zip Code

401 Green Acres Dr. Wimberley TX 78676

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Attorney at Law

13 Employer (See Instructions)

Jimmy Alan Hall PLLC

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

11/14/18

Name of lender

☐ out-of-state PAC (ID#: _____)

Jimmy Alan Hall

Loan Amount (\$)

259.31

Is lender a financial Institution?

Y ☒ N

Lender address; City; State; Zip Code

401 Green Acres Dr. Wimberley TX 78676

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Attorney at Law

Employer (See Instructions)

Jimmy Alan Hall PLLC

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☒

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Jimmy Alan Hall		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/17/18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Alan Hall	9 Loan Amount (\$) 5,000
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 401 Green Acres Dr. Wimberley TX 78676	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Attorney at Law		13 Employer (See Instructions) Jimmy Alan Hall PLLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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:		2 FILER NAME Jimmy Alan Hall		3 Filer ID (Ethics Commission Filers)	
4 Date 10/30/18		5 Payee name San Marcos Daily Record			
6 Amount (\$) 1325.00		7 Payee address; City; State; Zip Code 1910 Interstate 35 Frontage Rd. San Marcos Tx 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 11/15/18		Payee name Hays County			
Amount (\$) 1,500.00		Payee address; City; State; Zip Code 111 E. San Antonio St. Suite 300 San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees - Petition Requesting Recant		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 12/12/18		Payee name Hays County			
Amount (\$) 188.00		Payee address; City; State; Zip Code 111 E. San Antonio St. Suite 300 San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees - Copies request		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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:	2 FILER NAME <i>Jimmy Alan Hall</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/4/18</i>	5 Payee name <i>San Marcos Daily Record</i>	
6 Amount (\$) <i>368.20</i>	7 Payee address; City; State; Zip Code <i>1910 Interstate 35 Frontage Rd. San Marcos TX 78666</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>12/17/18</i>	Payee name <i>Ray + Wood</i>	
Amount (\$) <i>5,000</i>	Payee address; City; State; Zip Code <i>2700 Bee Cave Rd. Suite 200 Austin TX 78746</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Legal Services</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name Office sought Office held		

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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:		2 FILER NAME: Jimmy Alan Hall		3 Filer ID (Ethics Commission Filers)	
4 Date: 11/19/18		5 Payee name: Jimmy Alan Hall PLLC			
6 Amount (\$): 999.84		7 Payee address; City; State; Zip Code: 401 Green Acres Dr. Wimberley TX 78676			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Previous incurred wages + mileage Loan Repayment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date: 11/27/18		Payee name: Jimmy Alan Hall PLLC			
Amount (\$): 150.00		Payee address; City; State; Zip Code: 401 Green Acres Dr. Wimberley TX 78676			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Jimmy Alan Hall	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 538.58
---	-----------

5 Date 12/15/18	6 Payee name Heather Richards
--------------------	----------------------------------

7 Amount (\$) 538.58	8 Payee address; City; State; Zip Code 505 Mission Trail Wimberley TX 78676
-------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 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
---------------------------	---	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED