

**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. Jimmy Alan NICKNAME LAST SUFFIX Hall	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 401 Green Acres Dr Wimberley TX 78676	Date Received Received JUL 15 2020 Elections Office 3	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 722-3190	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Heather NICKNAME LAST SUFFIX Richards	Receipt #	Amount \$
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2020 06 / 30 / 2020		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> 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

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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 60.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1060.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 95.27

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

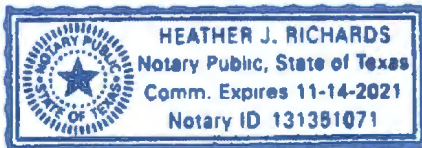
\$ 1083.39

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 8,499.31

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 14th day of July, 2020, to certify which, witness my hand and seal of office.

[Signature]
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 <i>Jimmy Alan Hall</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,000⁻</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>65.⁰⁰</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>95.²⁷</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>122.⁰⁰</i>
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
2 FILER NAME Jimmy Alan Hall		3 Filer ID (Ethics Commission Filers)
4 Date 6/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas G. Mason 6 Contributor address; City; State; Zip Code 4504 Tortuga Ct Austin TX 78731	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cecil and Julia Mayes Contributor address; City; State; Zip Code 45 Remington Ter Highland Village TX 75077	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard C. Hartgrove Contributor address; City; State; Zip Code 4907 Bull Mountain Ct Austin TX 78746	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dana L. De Beauvoir Contributor address; City; State; Zip Code 3715 Robinson Ave Austin TX 78722	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1 2
2 FILER NAME Jimmy Alan Hall		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anita S. Privett	7 Amount of contribution (\$) 200.00
6 Contributor address: City: State: Zip Code 5214 Joe Sayers #3 Austin TX 78756		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)
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

1

2 FILER NAME

Jimmy Alan Hall

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 65.00

5 Date of loan

2/4/2020

7 Name of lender

Jimmy Alan Hall

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

15.00

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

0

11 Maturity date

8

12 Principal occupation / Job title (See Instructions)

Attorney at Law

13 Employer (See Instructions)

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 (\$)

not applicable

18 Guarantor address;

City;

State;

Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

5/8/2020

Name of lender

Jimmy Alan Hall

out-of-state PAC (ID# _____)

Loan Amount (\$)

50.00

Is lender a financial institution?

Y N

Lender address;

City;

State;

Zip Code

401 Green Acres Dr. Wimberley TX 78676

Interest rate

0

Maturity date

—

Principal occupation / Job title (See Instructions)

Attorney at Law

Employer (See Instructions)

Description of Collateral

none

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;

City;

State;

Zip Code

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officerholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 1	2 FILER NAME Jimmy Alan Hall	3 Filer ID (Ethics Commission Filers)
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4 Date 2/3/2020	5 Payee name Vista Print
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6 Amount (\$) 47.97	7 Payee address: 95 Hayden Ave.	City: Lexington	State: MA	Zip Code 02421
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

8 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date 5/5/2020	Payee name Barton Publications
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Amount (\$) 35.00	Payee address: 1717 N. Burleson St.	City: Kyle	State: TX	Zip Code 78640
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - newspaper subscription	Description newspaper subscription to "Hays FreePress"
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date 6/23/2020	Payee name United States Postal Service
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Amount (\$) 12.30	Payee address: 111 Joe Winberley Blvd.	City: Winberley	State: TX	Zip Code 78676
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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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: 1	2 FILER NAME Jimmy Alan Hall	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 122,20
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5 Date 6/30/2020	6 Payee name Jimmy Alan Hall, PLLC
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7 Amount (\$) 122,20	8 Payee address: 401 Green Acres Dr. Suite 100	City: Wimberley	State: TX	Zip Code 78676
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Candidate reports, bookkeeping
	(c) <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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED