		ATE / OFFICE REPORT	EHOLDER		RM JC/OH HEET PG 1
The JC/OH Instruction	Guide explains how	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE	USE ONLY
NAME	NICKNAME	Jimmy Hall	Alan	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	401 Green	Acres Dr. W	CITY: STATE: ZIP CODE Simberley, TX 78676	JUL	eived 2022
Change of Address				Election	ns Office
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	722-3190	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	м ¹	Receipt #	Amount \$
NAME	M3.	Kimberly	SUFFIX	Date Processed	
		Hall		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	-	(NO PO BOX PLEASE); APT / S	Wimberley	STATE;	78676
(Residence or Business)		The state of the s	The state of the s	terral and the second	A. I
8 CAMPAIGN TREASURER PHONE	(512)	917-221 8	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff		fter campaign appointment er Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 2022	Z THROUGH 6	Day Year / 30 / 2	022
11 ELECTION	Month Day	Year Primary W22 General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Hays County	•	Law No.1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE OFFICE	CEHOLDER. THESE EXPENDITURE	ACCEPTEDOR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAND IREDT OR EPORTT HISI NFORMATIONO NLYI FT	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO ТО	PAGE 2	-	

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) Jimmy Alan Hall 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. \$ 5,116.50 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** \$ 870.16 TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS \$ 2,509.26 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2,665.57 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD **18 SIGNATURE** 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 of Candidate/Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by this the ___ __ day of _ _, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My name is Jimmy Alan Hall _, and my date of birth is __12 23 1955 401 Green Acres Dr. My address is Wimberley. TX .78676 LISA

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

, on the

__ County, State of _____COS

(city)

day of

(state)

Signature of Candidate/Officeholder (Declarant)

(zip code)

22 20

Revised 11/4/2020

(country)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Cor	mmission Filers)
	Jimmy Alan Hall		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,091.50
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	DNS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 450,00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$ 1,639.10
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	ICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	L FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$ 435.50
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTI	RIBUTIONS RETURNED	\$

13 & SCHEDWEL: OUTSTANDING LOANS

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete the	his form. 1 Total pages Schedule A(J)1:
Jimmy Alan Hall	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state Patricia Nilsson 6 Contributor address; City; 604 Casey Ln., Wim	State; Zip Code 50.00
B Contributor's principal occupation	9 Contributor's job title
Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
2 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state P VI6[2022 Anita Privett Contributor address; City; 297 Taylor Dr., Lexing	State; Zip Code 2001
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state Particle	State: Zip Code 100.00
Contributor's principal occupation computer programmer	Contributor's job title
Contributor's employer/law firm Roku If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide ex	cplains how to complete this for	rm.	1 Total pages Schedule A(J)1:
2 FILERNAME Jimmy Alan Hall		3 Filer ID (Ethics Commission Filers)	
5 Full name of control 1/27 202 6 Contributor address 1943 The		State; Zip Code	7 Amount of contribution (\$)
8 Contributor's principal occupation Retired		9 Contributor's job title	
10 Contributor's employer/law firm		11 Law firm of contributor's	s spouse (if any)
12 If contributor is a child, law firm of pa	rent(s) (if any)		
Pate Full name of contributor addre		State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation Retired		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of pa	rent(s) (if any)		
Pate Full name of contributor address 1520 Juliette	Gross	State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation Retired		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of pa	rent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

TI	ne Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A(J)1:	
2 FILER NAME	Jimmy Alan Hall		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC 1	D#:)	7 Amount of contribution (\$)	
	Monica Silber			
3/2/2022	Monica Silber 6 Contributor address; City;	State; Zip Code	541.50	
	1943 The Low Rd, San Hard	DS,TX 78666		
8 Contributor's p	rincipal occupation	9 Contributor's job title		
Ret	ired			
10 Contributor's e	mployer/law firm	11 Law firm of contributor	s spouse (if any)	
	2			
12 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor ut-of-state PAC	Date.	Amount of contribution (\$)	
	_			
3/20/2022	Patricia Nilsson Contributor address; City; CAO Casey Ln., Wimberley		10000	
0 12012000	Contributor address; City;	State; Zip Code	100.	
		1 1 18616		
	rincipal occupation	Contributor's job title		
Ret				
Contributor's e	mployer/law firm	Law firm of contributor	s spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
ii contributor io	a orma, narr min or paronico, in any,			
Date	Full name of contributor uut-of-state PAC	D#:)	Amount of contribution (\$)	
	maliate Allena			
3/20/2022	Patricia Nilsson	7-0-4	0.5	
	Contributor address; City;	Otato:	100.00	
	640 Casey Ln., Wimberto		-	
	rincipal occupation	Contributor's job title		
- RU	ived	Law time of a strike to	In annual (16 annual	
Contributors e	mployer/law firm	Law firm of contributor	s spouse (ii ariy)	
If contributor is	a child, law firm of parent(s) (if any)			
ii continuator is	a come, terr intro peronital (ii dily)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complet	te this form. 1 Total pages Schedule A(J)1:
Jimmy Alan Hall	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state 5/13/2022 Christopher Gunn 6 Contributor address; City; 237 N. Diamond Ave, Cal	Haydon State; Zip Code 1,000.00
8 Contributor's principal occupation Refired	9 Contributor's job title
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Full name of contributor out-of-star 5116/2022 Byenda K. Smith Contributor address; City;	State; Zip Code Amount of contribution (\$)
P.O. Box 1656, San Ma	urcos, TX 18667
Retired	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
John Finestone	te PAC ID#:
6/14/2022 Contributor address; City; 8 Keeneland Dr., Little	State: Zip Code 250.00 Rock, AR 72223
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE E(J)

If the requested	information is not applicable, DO No	OT include this page in t	he report.
. The Ins	struction Guide explains how to complete this	form.	1 Total pages Schedule E(J):
2 FILER NAME	immy Alan Hall		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNI	TEMIZED LOANS		\$
5 Date of loan 1/24/2022	7 Name of lender out-of-state PAC Jimmy Alan Hall	,	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; 401 Green Acres Dr. Win		do latement water
12 Lender's Principal	Occupation Neu	13 Lender's Job Title Attorney at	Law
14 Lender's Employer/		15 Law Firm of lender's spous Kimberty	
	law firm of parent(s) (if any)	Kimberage	э. насс
17 Description of Colla	ateral	Check if persona account (See In	al funds were deposited into political astructions)
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City;	State; Zip Code	
not applicable 23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title	
25 Guarantor's Employ	yer/Law Firm	26 Law Firm of guarantor's s	pouse (if any)
27 If guarantor is a ch	ild, law firm of parent(s) (if any)		
14.1-	ATTACH ADDITIONAL COPIES		EDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing B	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	Jimmy Alan Hall		3 Filer ID (Ethic	s Commission Filers)
4 Date 216/2022	5 Payee name Hays County Democro 7 Payee address:	atic Part	y State:	Zip Code
2.50.00	Po Box 1245	Buda	TX	78610-1245
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		any ma	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	in, TX, officeholder livin	Office held
Date 6/15/2022	Payee name Oriental Trading	company	4	
Amount (\$) 237.58	Payee address; 11201 Giles Rd, LaVi	sta	State;	Zip Code 68128
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Wimberl	ey 4th o Para	f July ide beads
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	in, TX, officeholder livin	Office held
Date 6/27/2022	Custom InK			
Amount (\$) 481.40	2910 District Ave.	city: Fairfax	State;	Zip Code 22031
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	T-Shir camp	ts for	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Glft/Awards/Memorials Expense Printing Expense Candidate/Officeholder/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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jimmy 4 Date City; Zip Code 7 Payee address; State: 6 Amount (\$) 78610-1245 Buda PO BOX 124 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 spensorship for County PURPOSE Event Expense OF Democratic Convention EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Deluke Business Systems Payee address; City: State; Zip Code PO Box 419059 Rancho Cordwa CA 95741 Amount (\$) PO Box 419059 295.12 Description Category (See Categories listed at the top of this schedule) PURPOSE Checks Office Products EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to com	plete this form.	
Total pages Schedule I:	2 FILER NAME Jimmy Alan Hall	3 Filer	ID (Ethics Commission Filers
4/7/2022	5 Payee name Elaune Cardenas		
250.00	7 Payee address; 501 Carney Ln.	Wimberley	State Zip Code TX 78676
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation made by candidate	(b) Description (See instructions required.) Table Co-Spor	
Date 4/1/2022	Katherine Anne Porte	er School	
Amount (\$)	Payee address; 515 FM2325	Wimberley	State Zip Code 7x 78676
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation made by candidate	Description (See instructions required.) Chefs dinne at VFW Wi	
Date 5/7/2022	Loteria Fest		
Amount (\$)	Payee address;	San Harcos	State Zip Code TX 78666
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation made by Candidate	Description (See instructions required.) Ticket + 5	
Date 5 17 2022	Payee name League of Women	Voters	
Amount (\$)	Payee address; PO Box 1034	San Marcos	State Zip Code 7X 78667-
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation made by candidate	Description (See instructions required.) Annual house	

Revised 11/4/2020

OUTSTANDING LOANS SCHEDULE L If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule L: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Jimmy Alan Hall 4 Name of lender Jimmy Alan Hall 5 Lender address; 401 Green Acres Dr. 3 Filer ID (Ethics) City: State; Wimberley TX 2 FILER NAME LENDER INFORMATION Zip Code 78676 **GUARANTOR** INFORMATION 7 Guarantor address: State; Zip Code City; not applicable Name of lender LENDER INFORMATION Lender address: City: State: Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable LENDER Name of lender INFORMATION Lender address; State: Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address; Zip Code City; State; not applicable Name of lender LENDER INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor **INFORMATION** Guarantor address; City; State; Zip Code not applicable ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED