

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|   |   |   |  |  |
|---|---|---|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID (Ethics Commission Filers)                | <b>2</b> Total pages filed:                                |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><b>Mr.</b>   | FIRST<br><b>Jimmy</b>                                       | MI<br><b>Alan</b>  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><b>Received<br/>OCT 31 2022<br/>Elections Office</b><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |
|   | NICKNAME  | LAST<br><b>Hall</b>   | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;   | APT / SUITE #;  | CITY; STATE; ZIP CODE                                      |  |
|   | <b>401 Green Acres Dr. Wimberley TX 78676</b>   |   |  |  |
| <b>5</b> CANDIDATE/ OFFICEHOLDER PHONE  | AREA CODE   | PHONE NUMBER  | EXTENSION  |  |
| <b>(512) 722-3190</b>   |   |   |  |  |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><b>Ms</b>  | FIRST<br><b>Kimberly</b>                                    | MI<br><b>G.</b>  |  |
|   | NICKNAME  | LAST<br><b>Hall</b>   | SUFFIX   |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;  | CITY; STATE; ZIP CODE                                      |  |
| <b>401 Green Acres Dr. Wimberley TX 78676</b>   |   |   |  |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |  |
| <b>(512) 917-2218</b>   |   |   |  |  |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> Runoff                            |  |
|   | <input type="checkbox"/> July 15  | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit |  |
| <b>10</b> PERIOD COVERED  | Month   | Day   | Year   |  |
|   | <b>9</b>  | <b>30</b>   | <b>2022</b>  |  |
| THROUGH   |   | Month   | Day  |  |
| THROUGH   |   | <b>10</b>   | <b>29</b>  |  |
| <b>11</b> ELECTION  | ELECTION DATE   |   | ELECTION TYPE  |  |
|   | Month   | Day   | Year   |  |
| <b>11</b>   | <b>11</b>   | <b>8</b>  | <b>2022</b>  |  |
| <input type="checkbox"/> Primary  |   | <input type="checkbox"/> Runoff                             | <input type="checkbox"/> Other Description                 |  |
| <input checked="" type="checkbox"/> General   |   | <input type="checkbox"/> Special                            |  |  |
| <b>12</b> OFFICE  | OFFICE HELD (if any)  | <b>13</b> OFFICE SOUGHT (if known)                          |  |  |
|   |   | <b>Hays County Court at Law No. 1</b>                       |  |  |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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. 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  | COMMITTEE ADDRESS   |   |  |  |
| <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME   |   |  |  |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |  |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

|   |   |  |
|---|---|--|
| 15 JC/OH NAME<br><i>Jimmy Alan Hall</i> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ -0-                                 |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 2,949.35                            |
| EXPENDITURE TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 363.15                              |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,838.15                            |
| CONTRIBUTION BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1,614.41                            |
| OUTSTANDING LOAN TOTALS                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 1,950.00                            |

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 \_\_\_\_\_, 20 \_\_\_\_\_, 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

OR

(2) Unsworn Declaration

My name is *Jimmy Alan Hall*, and my date of birth is *12/23/1955*.

My address is *401 Green Acres Ln*, *Wimberley, TX*, *78676*.  
(street) (city) (state) (zip code) (country)

Executed in *Hays* County, State of *Texas*, on the *31st* day of *October*, 20 *22*.  
(month) (year)

*Jimmy Alan Hall*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 2,949.35                            |
| 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 MADE FROM POLITICAL CONTRIBUTIONS   | \$ 1,475. <sup>00</sup>                |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 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 | \$                                     |

13  SCHEDULE L: OUTSTANDING LOANS

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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 this form.   |   | 1 Total pages Schedule A(J)1:<br><b>2</b>          |
| 2 FILER NAME<br><b>Jimmy Alan Hall</b>  |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>10/24/22</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Christina Regante</b> | 7 Amount of contribution (\$)<br><b>1,000.00</b>   |
| 6 Contributor address; City; State; Zip Code<br><b>2003 Days End Rd Wimberley TX 78676</b>  |   |  |
| 8 Contributor's principal occupation<br><b>Not employed</b>   |   | 9 Contributor's job title<br><b>not applicable</b> |
| 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)  |   |  |
| Date<br><b>10/26/22</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Mary Hardin-Jones</b>   | Amount of contribution (\$)<br><b>100.00</b>       |
| Contributor address; City; State; Zip Code<br><b>1167 Hidalgo Dr. Laramie WY 82072</b>  |   |  |
| Contributor's principal occupation<br><b>Not employed</b>   |   | Contributor's job title<br><b>not applicable</b>   |
| 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<br><b>10/9/22</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>A Better Hays PAC</b>   | Amount of contribution (\$)<br><b>1,199.35</b>     |
| Contributor address; City; State; Zip Code<br><b>2316 Lighthouse Dr. Denton TX 76210</b>  |   |  |
| Contributor's principal occupation<br><b>Political Action Committee</b>   |   | Contributor's job title<br><b>not applicable</b>   |
| 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)   |   |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |  |

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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 this form.                             |   | 1 Total pages Schedule A(J)1:<br><b>2</b>          |
| 2 FILER NAME<br><b>Jimmy Alant Hall</b>   |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>10/15/22</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Wimberley Democrats</b> | 7 Amount of contribution (\$)<br><b>550.00</b>     |
| 6 Contributor address; City; State; Zip Code<br><b>PO Box 1866 Wimberley TX 78676</b> |   |  |
| 8 Contributor's principal occupation<br><b>Political Action Committee</b>             |   | 9 Contributor's job title<br><b>not applicable</b> |
| 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)                          |   |  |

|   |  |  |
|---|--|--|
| Date<br><b>10/15/22</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Martha Ann Knies</b> | Amount of contribution (\$)<br><b>100.00</b> |
| Contributor address; City; State; Zip Code<br><b>PO Box 1821 Wimberley TX 78676</b> |  |  |
| 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 <input type="checkbox"/> out-of-state PAC ID#: _____ | Amount of contribution (\$)               |
| Contributor address; City; State; Zip Code                |   |   |
| 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.

# 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                        | 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/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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><b>1</b>                       | <b>2</b> FILER NAME<br><b>Jimmy Alan Hall</b>  | <b>3</b> Filer ID (Ethics Commission Filers)                     |
| <b>4</b> Date<br><b>10/17/22</b>                                    | <b>5</b> Payee name<br><b>Bank of America</b>  |  |
| <b>6</b> Amount (\$)<br><b>1,475<sup>00</sup></b>                   | <b>7</b> Payee address;<br><b>PO Box 851001</b>  | City: <b>Dallas</b> State: <b>TX</b> Zip Code: <b>75285-1001</b> |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Credit Card Payment</b>  | <b>(b)</b> Description<br><b>Credit Card Payment</b>             |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> 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          |
| <b>PURPOSE OF EXPENDITURE</b>                              | 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 |

|  |   |                                |
|--|---|--------------------------------|
| Date   | Payee name  |                                |
| Amount (\$)  | Payee address;  | City; State; Zip Code          |
| <b>PURPOSE OF EXPENDITURE</b>                              | 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**

# OUTSTANDING LOANS

## SCHEDULE L

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

|   |                      |                                       |       |
|---|----------------------|---------------------------------------|-------|
| The Instruction Guide explains how to complete this form. |                      | 1 Total pages Schedule L:             |       |
| 2 FILER NAME  |                      | 3 Filer ID (Ethics Commission Filers) |       |
| Jimmy Alan Hall   |                      |                                       |       |
| LENDER INFORMATION  | 4 Name of lender     |                                       |       |
|   | Jimmy Alan Hall      |                                       |       |
| LENDER INFORMATION  | 5 Lender address;    |                                       |       |
|   | 401 Green Acres Dr.  | Wimberley TX                          | 78676 |
| GUARANTOR INFORMATION                                     | 6 Name of guarantor  |                                       |       |
|   | 7 Guarantor address; |                                       |       |
| <input checked="" type="checkbox"/> not applicable        |                      |                                       |       |
| LENDER INFORMATION  | Name of lender       |                                       |       |
|   | Lender address;      |                                       |       |
| GUARANTOR INFORMATION                                     | Name of guarantor    |                                       |       |
|   | Guarantor address;   |                                       |       |
| <input type="checkbox"/> not applicable                   |                      |                                       |       |
| LENDER INFORMATION  | Name of lender       |                                       |       |
|   | Lender address;      |                                       |       |
| GUARANTOR INFORMATION                                     | Name of guarantor    |                                       |       |
|   | Guarantor address;   |                                       |       |
| <input type="checkbox"/> not applicable                   |                      |                                       |       |
| LENDER INFORMATION  | Name of lender       |                                       |       |
|   | Lender address;      |                                       |       |
| GUARANTOR INFORMATION                                     | Name of guarantor    |                                       |       |
|   | Guarantor address;   |                                       |       |
| <input type="checkbox"/> not applicable                   |                      |                                       |       |
| LENDER INFORMATION  | Name of lender       |                                       |       |
|   | Lender address;      |                                       |       |
| GUARANTOR INFORMATION                                     | Name of guarantor    |                                       |       |
|   | Guarantor address;   |                                       |       |
| <input type="checkbox"/> not applicable                   |                      |                                       |       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**