

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/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: Mr. FIRST: Jimmy MI: Alan NICKNAME: LAST: Hall SUFFIX:	OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; color: blue; font-weight: bold;">JAN 17 2023</div> Date Hand-delivered or Date Postmarked: CS Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 Green Acres Dr. Wimberley TX 78676 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 722-3190		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms. FIRST: Kimberly MI: G. NICKNAME: LAST: Hall SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 Green Acres Dr. Wimberley TX 78676 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 917-2218		
9 REPORT TYPE	<input checked="" 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 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 10 / 30 / 2022 THROUGH 12 / 31 / 2022		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: 11 / 8 / 2022 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Hays County Court at Law, No. 1	
14 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.		
<input type="checkbox"/> Additional Pages	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

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)

\$ 450.⁰⁰

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

\$ 1,900.⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 573.⁰⁵

4. TOTAL POLITICAL EXPENDITURES

\$ 3,169.³⁰

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$ -0-

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 12/23/19xx.

My address is 401 Green Acres Drive, Wimberley, Tx, 78676, USA.
(street) (city) (state) (zip code) (country)

Executed in Hays County, State of Texas, on the 16th day of January, 2023.
(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 NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,450. 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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,596. ²⁵
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	\$

**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: 3
2 FILER NAME Jimmy Alan Hall		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Nathan Block	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 6622 Knoll Park Sugarland TX 77479		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm BP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Donald Rauschuber	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO Box 342707 Austin TX 78734		
Contributor's principal occupation Engineer		Contributor's job title President
Contributor's employer/law firm DGRA, Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rebecca Mimmick	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2235 River Rd. Wimberley TX 78676		
Contributor's principal occupation Realtor		Contributor's job title Realtor
Contributor's employer/law firm self-employed		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.

**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: 3
2 FILER NAME Jimmy Alan Hall		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Keeper	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 700 Harris Ave Austin TX 78705		
8 Contributor's principal occupation Retired		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)		
Date 11/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Brandon Parsons	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 307 Hazy Hills Loop Dripping Springs TX 78620		
Contributor's principal occupation Computer Engineer		Contributor's job title Engineer
Contributor's employer/law firm Tesla		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Noland Martin	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Contributor's principal occupation Professor		Contributor's job title Professor
Contributor's employer/law firm Texas State University		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.

**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: 3
2 FILER NAME Jimmy Alan Hall		3 Filer ID (Ethics Commission Filers)
4 Date 11/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Elizabeth Flocke	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation Retired		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)		
Date 11/16/22 11/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Laura Ewing	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Contributor's principal occupation 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)		
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.

1 Total pages Schedule F1: <i>1</i>	2 FILER NAME <i>Jimmy Alan Hall</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/2022</i>	5 Payee name <i>Bank of America</i>	
6 Amount (\$) <i>646.25</i>	7 Payee address; City; State; Zip Code <i>PO Box 851001 Dallas TX 75285-1001</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>	(b) Description <i>Credit Card Payment</i>
	(c) <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>11/18/2022</i>	Payee name <i>Jimmy Alan Hall</i>		
Amount (\$) <i>1,950.00</i>	Payee address; City; State; Zip Code <i>401 Green Acres Dr. Wimberley TX 78676</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Loan Repayment/Reimbursement</i>	Description <i>Political expenditure made from personal funds reported as a loan</i>	
	<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