#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr David F NAME SUFFIX NICKNAME LAST Hall ADDRESS / PO BOX; APT / SUITE #; ZIP CODE 4 CANDIDATE / CITY STATE **OFFICEHOLDER** 135 Molinar Ave. port Lavaca, TX 77979 MAILING **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (361) 220-1751 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN TREASURER David E Date Processed NAME SUFFIX NICKNAME LAST Date Imaged Hall STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** 135 Mollnar Ave. Port Lavaca, TX 77979 (Residence or Business) PHONE NUMBER 8 CAMPAIGN AREA CODE EXTENSION TREASURER PHONE 361 ) 220-1751 9 REPORT TYPE 15th day after campaign X January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Year COVERED 2023 THROUGH 12 31 2023 7 ELECTION TYPE ELECTION DATE 11 ELECTION X Primary Runoff Other Month Day Year Description Special General 2024 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Commissioner THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME David Hall		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION 1. TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1165.00				
EXPENDITURE TOTALS 3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
4.	TOTAL POLITICAL EXPENDITURES	\$ 333.41				
CONTRIBUTION 5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 1444.04				
OUTSTANDING 6. LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	THE \$				
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, with	ness 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 David Hall	, and my date of birth is	01-29-1971				
My address is 135 Mollnar Ave.	Port Lavaca	TX 77979 USA				
	8 8 89 8	state) (zip code) (country)				
Executed in Calhoun	County, State of Texas , on the 8 day of month	January , 20 24 (year)				
Signature of Candidate/Officeholder (Declarant)						

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 File	er ID (Ethics Commission Filers)
	David Hall	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1,	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1165.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$ 333.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	BUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	ETURNED \$

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

	If the reques	ted information is not applicable, DO NOT incl	ude this page in the r	eport.	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 1		
2	FILER NAME	David Hall	3 Filer ID (Ethics Commission Filers)		
4	David and Delores Hall			7 Amount of contribution (\$)	
	10-6-2023	6 Contributor address; City; 5800 CR 359 Sweeny Texas, 77480	State; Zip Code	1100.00	
8	Principal occu State Farm	pation / Job title (See Instructions)  Agent	Employer (See Instruction Self	ons)	
	Date Full name of contributor out-of-state PAC (ID#:		D#:)	Amount of contribution (\$)	
	thru 12-21-2023	Contributor address; City; 135 Molinar Ave. Port Lavaca, TX 77979	State; Zip Code	65.00 (\$5 per paycheck payroll deduct)	
		ation / Job title (See Instructions) missioner	Employer (See Instruction Calhoun County	ons)	
	Date	Full name of contributor	D#:)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
	Date Full name of contributor out-of-state PA		D#:)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
			a a constitue de la constitue		
		ATTACH ADDITIONAL COPIES OF			

# 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 Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Travel in District Travel Out Of District Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Giff/Awards/Memorials Expense Candidata/Officeholder/Political Committee Legal Services 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) David Hall 4 Date 5 Payee name 10/23/2023 **Outburst Advertising** 6 Amount (\$) 7 Payee address; City; State: Zip Code 333.40 5003 John Stockbauer Dr STE J, Victoria TX 77904 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Printing Expense Signs, Card, Pencils OF **EXPENDITURE** (c) 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 <u>ONLY</u> if direct expenditure to benefit C/OH Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 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** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH David Hall Commissioner