

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS: MRS. (MR) MR	FIRST Billy	MI R.
	NICKNAME	LAST Hall	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	334 CR 1309 Morgan Twp 76671		
5 CANDIDATE / OFFICEHOLDER PHONE	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #: CITY: STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE		EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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
11 ELECTION		ELECTION DATE	ELECTION TYPE
		Month Day Year	<input checked="" 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)
		Co. Commissioner RPT 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) <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	

OFFICE USE ONLY

Date Received
RECEIVED
FEB 05 2024
BOSQUE CO. ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		<u>Billy R. Hall</u>		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)	\$	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	600.-
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	
	4.	TOTAL POLITICAL EXPENDITURES	\$	1249.26
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	657.63
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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.

Billy R. Hall

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Billy Hall this the 5th day of February

2024, to certify which, witness my hand and seal of office.

Ashley Rupp
Signature of officer administering oath

Ashley Rupp
Printed name of officer administering oath

Elections Administrator
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____ on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Billy R. 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	\$ 600.-
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	\$ 1249.26
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

SCHEDULE A1

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 A1:
2 FILER NAME <i>Billy R. Hall</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-9-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kincheloe Ranches LP.</i>	7 Amount of contribution (\$) <i>\$ 500.-</i>
6 Contributor address; City; State; Zip Code <i>5531 Lobello Dr. Dallas TX 75229</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>1-24-</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Michael & Ruth Douglass</i>	Amount of contribution (\$) <i>\$ 100.-</i>
Contributor address; City; State; Zip Code <i>20 Box 511 Clifton TX 76634</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

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 Committee
Credit Card Payment

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 F1: 2	2 FILER NAME Billy R. Hall	3 Filer ID (Ethics Commission Filers)
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4 Date 1-16-24	5 Payee name Wal mart
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6 Amount (\$) \$ 61.69	7 Payee address; 401 Coke Ave	City; Hillsboro	State; TX	Zip Code 76645
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies For Adv.	(b) Description INK CARTRIDGE FOR PRINTER
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Co. Comm. Act. 1
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Date 1-17-24	Payee name Texas Tape & Label
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Amount (\$) \$492.32	Payee address; PO Box 365	City; Waco	State; TX	Zip Code 76703
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description 5- 1-side 4x4 Signs 5- 2sid 4x4 Signs
	<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 Co. Comm. Act. 1
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Date 1-24-24	Payee name Home Depot
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Amount (\$) \$35.30	Payee address; 212 W. Katherine	City; Cleburne	State; TX	Zip Code 76031
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10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies For Adv.	Description 16ga. Finishing Nails 5- 2x4
	<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 Co. Comm. Act
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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 Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Billy Holl		3 Filer ID (Ethics Commission Filers)	
4 Date 1-8-24		5 Payee name Vista Print			
6 Amount (\$) \$116.57		7 Payee address; 9250 Red Rock Rd. Suite A City; Reno, NV State; NV Zip Code 89508			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv.		(b) Description Door hangers		
	Door hangers				
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Co. Comm. Act 1	
Date 1-30-24		Payee name Home Depot			
Amount (\$) \$21.07		Payee address; 212 W. Katherine City; Cleburne TX State; TX Zip Code 76031			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies - Adv.		Description 7- 2x4's		
	<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	
				Co. Comm. Act 1	
Date 1-5-24		Payee name Texas Tape & Label			
Amount (\$) \$522.31		Payee address; PO Box 365 City; Waco State; TX Zip Code 76703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv.		Description 50 yard signs 24x18 2-side		
	<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	
				Co. Comm. Act 1	