

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: 8								
3 CANDIDATE / OFFICEHOLDER NAME	MS. MRS. / MR. M Billy FIRST NICKNAME LAST SUFFIX Hall	OFFICE USE ONLY Date Received <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FEB 26 2024</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BOSQUE CO. ELECTIONS</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS PO BOX APT. / SUITE # CITY STATE ZIP CODE <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">334 CR 1309 Morgan TX 76671</div>	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="background-color: black; width: 100px; height: 40px; margin-bottom: 5px;"></div> EXTENSION	Date Hand-delivered or Date Postmarked									
6 CAMPAIGN TREASURER NAME	MS. MRS. / MR. M Manuela FIRST NICKNAME LAST SUFFIX Hall	Receipt # Amount \$ Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT. / SUITE # CITY STATE ZIP CODE <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> 334 CR 1309 Morgan TX 76671 </div>										
8 CAMPAIGN TREASURER PHONE	<div style="background-color: black; width: 100px; height: 40px; margin-bottom: 5px;"></div> EXTENSION										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	Month Day Year Month Day Year <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> 1 / 26 / 24 THROUGH 2 / 24 / 24 </div>										
11 ELECTION	ELECTION DATE ELECTION TYPE <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> Month Day Year 3 / 5 / 24 </div> <div> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description </div> </div>										
12 OFFICE	OFFICE HELD (if any) Co. Comm. Dist. 1	13 OFFICE SOUGHT (if known)									
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME		COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
	COMMITTEE ADDRESS										
	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

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)	\$ <u>1700.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1749.80</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>607.83</u>
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 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 26th day of February, 2024, to certify which, witness my hand and seal of office.

Billy Rupp Billy Rupp Elections Administrator
Signature of officer administering oath Printed name of officer administering oath 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 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	\$ 1700.00
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	\$ 1749.80
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 A**

3

2 FILER NAME

Billy Hall

3 Filer ID (Ethics Commission Filers)

4 Date

2-9-24

5 Full name of contributor

Joe Walker

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

PO Box 9

Morgan TX

76671

8 Principal occupation / Job title (See Instructions)

Rancher

9 Employer (See Instructions)

Date

2-5-24

Full name of contributor

Jamie Cornelius

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

3707 Maple Wood Ave Dallas TX

75205

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

Date

2-12-24

Full name of contributor

Nick Zengarosa

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

8 Green Park Dr Dallas TX

75248

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

Date

2-6-24

Full name of contributor

Scott Fly

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

11 Stapler Dr Shady Shores TX

76208

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

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: 3
2 FILER NAME Billy Hall		3 Filer ID (Ethics Commission Filers)
4 Date 1-13-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Michael Hains Further Shauri	7 Amount of contribution (\$) \$ 100.00
6 Contributor address: 3700 Centenary Ave Dallas TX 75225		
8 Principal occupation / Job title (See Instructions): Self Emp.	9 Employer (See Instructions)	
Date 2-1-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Stephen C. McSwain & Tammy	Amount of contribution (\$) \$ 50.00
Contributor address: 1412 Eastwick Plano TX 75093		
Principal occupation / Job title (See Instructions): Self	Employer (See Instructions)	
Date 2-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): David S. Morgan	Amount of contribution (\$) \$ 150.00
Contributor address: 1209 Knoll Crest Ct. Grapevine TX 76051		
Principal occupation / Job title (See Instructions): Self	Employer (See Instructions)	
Date 2-5-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Stuart & Jennie Reeves	Amount of contribution (\$) \$ 100.00
Contributor address: 29 Stone Court Dr. Dallas TX 75225		
Principal occupation / Job title (See Instructions): Self	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.

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: <div style="text-align: right; font-size: 1.2em;">3</div>
2 FILER NAME <div style="font-size: 1.2em; margin-left: 20px;">Billy Hall</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; margin-left: 20px;">2-1-24</div>	5 Full name of contributor <div style="font-size: 1.2em; margin-left: 20px;">Michael Griffin</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; margin-top: 20px;">\$ 100.00</div>
6 Contributor address: City: State: Zip Code <div style="font-size: 1.2em; margin-top: 10px;">2611 SFR Castor Lewisville Tx 75056</div>		
8 Principal occupation / Job title (See Instructions): <div style="font-size: 1.2em; margin-top: 10px;">SELF Emp.</div>		9 Employer (See Instructions)

Date	Full name of contributor <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address: City: State: Zip Code <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address: City: State: Zip Code <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address: City: State: Zip Code <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>			
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: <u>2</u>		2 FILER NAME <u>Billy Hall</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2-12-24</u>		5 Payee name <u>Bosque Print</u>			
6 Amount (\$) <u>\$1280.09</u>		7 Payee address; City; State; Zip Code <u>213 N. Ave G Clifton TX 76671</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Mail outs</u>		(b) Description <u>3000 mailers</u>		
	(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					
Date <u>2-20-24</u>		Payee name <u>Texas Tape & Label</u>			
Amount (\$) <u>400.31</u> <u>\$483.12</u>		Payee address; City; State; Zip Code <u>PO Box 365 Waco TX 76703</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advt</u>		Description <u>52A- 4x8 signs</u>		
	<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					
Date <u>2-5-24</u>		Payee name <u>HARBOR Freight</u>			
Amount (\$) <u>\$22.26</u>		Payee address; City; State; Zip Code <u>1663 W. Henderson St. Cleburne TX 76033</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advt.</u>		Description <u>Cable Ties</u>		
	<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	

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: <u>2</u>	2 FILER NAME <u>Billy R Hall</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>2-23-24</u>	5 Payee name <u>Home Depot</u>
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6 Amount (\$) <u>\$169.40</u>	7 Payee address; <u>212 W. Katherine</u> City; <u>Cleburne</u> State; <u>TX</u> Zip Code <u>76031</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Adv. Supplies For Frames</u>	(b) Description <u>14-2x4, nails & screws</u>
	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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