CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Gulde explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Dr. Jamia B. NAME Date Received NICKNAME LAST Hall "Mia" ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: **OFFICEHOLDER** Fort Worth, Texas 76123 MAILING **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (817) **PHONE** Amount \$ Receipt # MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Mr. Juan Date Processed NAME NICKNAME LAST SUFFIX Date Imaged "Charlie" Garcia STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TREASURER Fort Worth, Texas 76177 **ADDRESS** (Residence or Business) EXTENSION CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE (956) 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officaholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Year COVERED 25 / 2024 THROUGH 03 2024 17 01 / ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Primary Other Month Dav Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Crowley ISD Board of Trustees, Place #3 Crowley ISD Board of Trustees, Place #3 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME 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

		16 Filer	ID (Ethics Commission Filers)
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)		\$ 10.00
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
4.	TOTAL POLITICAL EXPENDITURES		\$ 0.77
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 9.23
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$
	2. 3. 4.	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASS OF	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) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE

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 or Officeholder

Please complete either option below:

(1) Affidavit



*						
NOTARY STAMP/SEAL				-		tar an
Sworn to and subscribed before me to	ру		th	is the <u>04</u>	day of	April.
20 24 , to certify which, witness	is my hand and seal of office. Citalli	Diaz		Sei	nior Spec	ialist
Signature of officer administering oath	Printed name of (officer administerin	ng oath		Title of office	r administering oath
		OR				
(2) Unsworn Declaration						
My name is		, an	d my date of	birth is		
My address is						
	(street)		(city)	(state)	(zip code)	(country)
Executed in Co	ounty, State of	, on the	day of _	(month)	, 20 (year)	<u>-</u>
		-	Signature of	Candidate/Of	ficeholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Con	nmission Filers)
	Dr. Mia B. Hall		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ 0.77
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

0

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:		
FILER NAME Dr. Mia B.		1111			3 Filer ID (Ethics Commission Filers)		
4 Date 3/25/2024	5 Full name of contributor Xavier J. Hall	Kavier J. Hall			7 Amount of contribution (\$)		
	6 Contributor address;	city; Fort Wort		o Code	\$10.00		
Principal occi Student	upation / Job title (See Instruction	5)	9 Employe	r (See Instructi	ons)		
Date	Full name of contributor	ributor out-of-state PAC (ID#:)			Amount of contribution (\$)		
	Contributor address;	City;					
Principal occu	pation / Job title (See Instructions)	Employe	r (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
	Contributor address;	City;		p Code			
Principal occu	pation / Job title (See Instructions	i)	Employe	r (See Instructi	ions)		
Date	Full name of contributor	out-of-state F	AC (ID#)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zij	o Code			
Principal occu	pation / Job title (See Instructions	;)	Employe	r (See Instruct	ions)		
		-					

If contributor is out-of-state PAC, please see Instruction guide for addition

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.					
1 Total pages Schedule F1:	2 FILER NAME Dr. Mia B. Hall		3 Filer ID (Ethics	Commission Filers)			
4 Date 3/25/2024	5 Payee name Donor Box						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
\$0.77	Alexandria, Virginia 22314						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	OF Fees Donation Proces			ssing Fee			
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	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					
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	lin, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
PURPOSE OF EXPENDITURE	Callegory (See Categories listed at the top of this schedule)	Description		-			
	Check if travel outside of Texas. Complete Schedule T	Check if Aus	tin, TX, officeholder livin	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED				

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