



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:
3 CANDIDATE / OFFICEHOLDER NAME	MS. MRS / MR <u> </u> FIRST <u>Silly</u> MI <u>R.</u>		
	NICKNAME <u>Hall</u> LAST <u>Hall</u> SUFFIX <u> </u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS <u>334 CR 1309</u> PO BOX <u> </u> APT. / SUITE # <u> </u> CITY <u>Morgan TX</u> STATE <u>TX</u> ZIP CODE <u>76671</u>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(817)</u> PHONE NUMBER <u>774-7961</u> EXTENSION <u> </u>	Date Hand-delivered on Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS. MRS / MR <u> </u> FIRST <u>Manuela</u> MI <u>O.</u>	Receipt #	Amount \$
	NICKNAME <u>Hall</u> LAST <u>Hall</u> SUFFIX <u> </u>	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) <u>334 CR 1309</u> APT / SUITE # <u> </u> CITY <u>Morgan</u> STATE <u>TX</u> ZIP CODE <u>76671</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(254)</u> PHONE NUMBER <u>974-0276</u> EXTENSION <u> </u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit	OCT 07 2024 15th day after campaign treasurer appointment (Officeholder Only) Bosque Co. Elections	
10 PERIOD COVERED	Month <u>July</u> Day <u>1</u> Year <u>2024</u> THROUGH Month <u>Sept.</u> Day <u>26</u> Year <u>2024</u>		
11 ELECTION	ELECTION DATE <u> </u> / <u> </u> / <u> </u>	ELECTION TYPE	
	Month <u> </u> Day <u> </u> Year <u> </u>	<input 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) <u>Comm. Pct. 1</u>	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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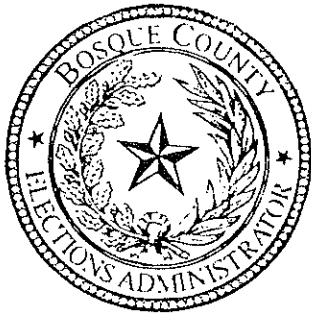
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)	
Billy R Hall			
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	- 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	- 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	- 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$	- 0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	3.67
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.

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 7th day of October, 2024, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Brad Hancock Printed name of officer administering oath
Deputy EA 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)