

# 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: <span style="font-size: 2em; color: blue;">11</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST <span style="font-size: 1.5em; color: blue;">Chad</span>	MI <span style="font-size: 1.5em; color: blue;">A</span>
	NICKNAME	LAST <span style="font-size: 1.5em; color: blue;">Hall</span>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.5em; color: blue;">Po Box 5192 Victoria TX 77903-5192</span>		
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b>                  Date Received  <span style="font-size: 1.5em; color: red;">RECEIVED AUG 13 2021</span>  <span style="font-size: 1.5em; color: blue;">City Secretary</span>  <span style="font-size: 1.5em; color: blue;">2:42pm</span> <span style="font-size: 1.5em; color: blue;">att</span>                  Date Hand-delivered or Date Postmarked  <span style="font-size: 1.5em; color: red;">AUG 13 2021</span> <span style="font-size: 1.5em; color: blue;">att</span>                  Receipt #      Amount \$                  Date Processed                  Date Imaged             </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <span style="font-size: 1.5em; color: blue;">(361)</span>	PHONE NUMBER <span style="font-size: 1.5em; color: blue;">575-9116</span>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u>	FIRST <span style="font-size: 1.5em; color: blue;">Michelle</span>	MI <span style="font-size: 1.5em; color: blue;">E</span>
	NICKNAME	LAST <span style="font-size: 1.5em; color: blue;">Hall</span>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.5em; color: blue;">303 Arabian Drive Victoria TX 77904</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <span style="font-size: 1.5em; color: blue;">(361)</span>	PHONE NUMBER <span style="font-size: 1.5em; color: blue;">652-1009</span>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 <span style="font-size: 1.5em; color: blue;">7 / 15 / 21</span> <span style="font-size: 1.5em; color: blue;">THROUGH</span> <span style="font-size: 1.5em; color: blue;">8 / 13 / 21</span>		
11 ELECTION	ELECTION DATE Month      Day      Year <span style="font-size: 1.5em; color: blue;">8 / 21 / 21</span>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" 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) <span style="font-size: 1.5em; color: blue;">City Council District 3</span>	
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	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

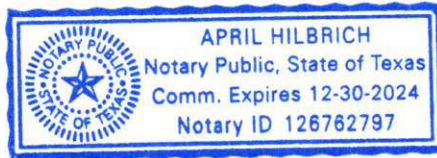
15 C/OH NAME <u>Chad Austin Hall</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>400.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,408.43</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,346.60</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6,000</u>

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

Sworn to and subscribed before me by Chad Austin Hall this the 13<sup>th</sup> day of August,

2021, to certify which, witness my hand and seal of office.

[Signature] April Hilbrich Notary  
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  
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19 FILER NAME <i>Chad Austin 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	\$ <i>400.00</i>
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	\$ <i>3,732.93</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>675.50</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>302.08</i>
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: <u>1</u>
2 FILER NAME <u>Chad Austin Hall</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>7/18/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael and Corajo Hummel</u>	7 Amount of contribution (\$) <u>\$100<sup>00</sup></u>
6 Contributor address; City; State; Zip Code <u>2306 N Wheeler St Victoria TX 77901</u>		
8 Principal occupation / Job title (See Instructions) <u>retired</u>		9 Employer (See Instructions)
Date <u>7/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Pablo and Judy Garza</u>	Amount of contribution (\$) <u>\$250<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>608 Champions Row Victoria TX 77904</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>7/24/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Viola Saenz</u>	Amount of contribution (\$) <u>\$50<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>6010A Country Club Dr. Victoria TX 77904</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		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.