# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (  | Guide explains how to comple | ete this form.     | 1 Filer ID<br>(Ethics Commi<br>00032386 |                    | 2 Total pages file     |                  |
|-------------------------|------------------------------|--------------------|---|--------------------|------------------------|------------------|
| 3 CANDIDATE /           | MS / MRS / MR                | FIRST              |   | MI                 | OFFICE U               | JSE ONLY         |
| OFFICEHOLDER<br>NAME    | The Honorable                | Geanie W.          |   |                    | Date Received          |                  |
|                         |                              |                    |   |                    | ELECTRONICA            | ALLY FILED       |
|                         | NICKNAME                     | LACT               |   | CUETIV             | 07/17/2023             |                  |
|                         | NICKNAME                     | LAST<br>Morrison   |   | SUFFIX             | 0171172020             |                  |
|                         |                              | WIOTISOTI          |   |                    |                        |                  |
| 4 CANDIDATE /           | ADDRESS / PO BOX; APT        | / SUITE #; CIT     | Υ;                                      | ZIP CODE           | Date Hand-delivered or | Date Postmarked  |
| OFFICEHOLDER<br>MAILING | P.O. Box 4642                |                    |   |                    |                        |                  |
| ADDRESS                 |                              |                    |   |                    | Receipt #              | Amount           |
| Change of Address       | Victoria, TX 77903-4642      |                    |   |                    | Date Processed         |                  |
|                         |                              |                    |   |                    | Date Processed         |                  |
|                         |                              |                    |   |                    | Date Imaged            |                  |
|                         |                              |                    |   |                    | Date imaged            |                  |
| 5 CAMPAIGN              | MS / MRS / MR                | FIRST              |   | MI                 |                        |                  |
| TREASURER               |                              | Jeffery L.         |   |                    |                        |                  |
| NAME                    | ivii.                        | ochery L.          |   |                    |                        |                  |
|                         | NIOVALANE                    |                    |   |                    |                        |                  |
|                         |                              | LAST<br>Williams   |   | SUFFIX             |                        |                  |
|                         | Jeli                         | vviiilaiiis        |   |                    |                        |                  |
|                         |                              |                    |   |                    |                        |                  |
| 6 CAMPAIGN<br>TREASURER | STREET ADDRESS (NO PO        | BOX PLEASE);       | AP.                                     | Γ / SUITE #; CITY; | STA                    | TE; ZIP CODE     |
| ADDRESS                 | 702 Santa Fe                 |                    |   |                    |                        |                  |
| (Residence or Business) |                              |                    |   |                    |                        |                  |
|                         | Victoria, TX 77904           |                    |   |                    |                        |                  |
|                         |                              |                    |   |                    |                        |                  |
| 7 CAMPAICNI             | ADEA CODE DUON               | E NUMBER - F       | VTENCION                                |                    |                        |                  |
| 7 CAMPAIGN<br>TREASURER |                              | E NUMBER E         | EXTENSION                               |                    |                        |                  |
| PHONE                   | (361) 676-5300               |                    |   |                    |                        |                  |
| 8 REPORT                |                              |                    |   |                    |                        |                  |
| TYPE                    | January 15                   | 30th day before    | election $\square$                      | Runoff             | 15th day after car     | nnaign treasurer |
|                         |                              | J court day belore |   | L                  | appointment (office    | eholder only)    |
|                         | X July 15                    | 8th day before 6   | election                                | Exceeded modified  | Final Report (Atta     | ch C/OH-FR)      |
|                         |                              | _                  |   | reporting limit    | _                      |                  |
| 9 PERIOD                | Month Day Year               |                    |   | Month Day          | Year                   |                  |
| COVERED                 | 01/01/2023                   | TH                 | IROUGH                                  | 06/30/202          | 23                     |                  |
|                         |                              |                    |   |                    |                        |                  |
| 10 ELECTION             | ELECTION DATE                |                    |   | ELECTION TYPE      |                        |                  |
|                         | Month Day Year               | P                  | rimary                                  | Runoff             | Other                  |                  |
|                         |                              | I⊓G                | eneral                                  | Special            |                        |                  |
|                         |                              |                    |   | ш.                 |                        |                  |
| 11 OFFICE               | OFFICE HELD (if any)         | l                  |   | 12 OFFICE SOUGHT   | (if known)             |                  |
| III OFFICE              | State Representative Distri  | ict 30             |   | State Represent    |                        |                  |
|                         | State Representative Distri  | 101 30             |   | State Represent    | dive District 50       |                  |
|                         |                              |                    |   |                    |                        |                  |
|                         |                              |                    |   |                    |                        |                  |
|                         |                              |                    |   |                    |                        |                  |
|                         |                              | GO T               | O PAGE 2                                |                    |                        |                  |
| I                       |                              |                    |   |                    |                        |                  |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 42

| 13 C / OH NAME                                 | Morrison, Geanie W.   | (The Honorable)  | <b>14</b> Filer ID 00032386   | (Ethics Commission Filers) |  |  |
|--|---|--|---|----------------------------|--|--|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.                                   | political contributions accepted or political These expenditures may have been made d officeholders are required to report this in | e without the candidate's or office   | eholder's knowledge or     |  |  |
| Additional Pages                               | COMMITTEE TYPE  | COMMITTEE NAME   |   |                            |  |  |
| Ш  | GENERAL   |  |   |                            |  |  |
|  |   | COMMITTEE ADDRESS  |   |                            |  |  |
|  | SPECIFIC  |  |   |                            |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER   | NAME  |                            |  |  |
|  |   |  |   |                            |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER   | ADDRESS   |                            |  |  |
| 16 CONTRIBUTION<br>TOTALS                      |   | IIZED POLITICAL CONTRIBUTIONS (OTI<br>EES OF LOANS, OR CONTRIBUTIONS M.  |   | \$ 0.00                    |  |  |
|  |   | CAL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES C   | OF LOANS)   | \$ 0.00                    |  |  |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM   | IZED POLITICAL EXPENDITURES  |   | \$ 0.00                    |  |  |
|  | 4. TOTAL POLITIC  | CAL EXPENDITURES   |   | <b>\$</b> 47,425.09        |  |  |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PI                            | CAL CONTRIBUTIONS MAINTAINED AS (<br>ERIOD   | OF THE LAST DAY OF THE  | \$ 310,234.44              |  |  |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCII OF THE REPOR                               | PAL AMOUNT OF ALL OUTSTANDING LO   | DANS AS OF THE LAST DAY   | \$ 0.00                    |  |  |
| <b>17</b> AFFIDAVIT                            |   |  | ler penalty of perjury, that the ac<br>ncludes all information required t<br>on Code. |                            |  |  |
|  |   | The  | e Honorable Geanie W. Morr  | ison                       |  |  |
|  |   | Siç  | gnature of Candidate or Officeho  | lder                       |  |  |
| AFFIX NOTARY STAMP / SEAL ABOVE                |   |  |   |                            |  |  |
| Sworn to and subs                              | Sworn to and subscribed before me, by the said, this theday |  |   |                            |  |  |
| of   | , 20, to c  | ertify which, witness my hand and seal of o  | office.   |                            |  |  |
| Signature of office                            | cer administering   | Printed name of officer administerin   | g Title of office   | r administering oath       |  |  |
|  |   |  |   |                            |  |  |

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

|                             |   |          | 3 of 42      |  |  |  |  |  |
|-----------------------------|---|----------|--------------|--|--|--|--|--|
| 18 FILER NAM<br>Morrison, ( | Morrison, Geanie W. (The Honorable)                                       |          |              |  |  |  |  |  |
| 20 SCHEDULE<br>NAME OF S    | SUBTOTAL AMOUNT   |          |              |  |  |  |  |  |
| 1.                          | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |          | \$           |  |  |  |  |  |
| 2.                          | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |          | \$           |  |  |  |  |  |
| 3.                          | SCHEDULE B: PLEDGED CONTRIBUTIONS   |          | \$           |  |  |  |  |  |
| 4.                          | SCHEDULE E: LOANS   |          | \$           |  |  |  |  |  |
| 5. X                        | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:          | S        | \$ 42,202.19 |  |  |  |  |  |
| 6.                          | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |          | \$           |  |  |  |  |  |
| 7.                          | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION          | ONS      | \$           |  |  |  |  |  |
| 8. X                        | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |          | \$ 5,222.90  |  |  |  |  |  |
| 9.                          | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                    |          | \$           |  |  |  |  |  |
| 10.                         | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS            | OF C/OH  | \$           |  |  |  |  |  |
| 11.                         | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION        | ONS      | \$           |  |  |  |  |  |
| 12.                         | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$           |  |  |  |  |  |
|                             |   |          |              |  |  |  |  |  |

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                   | Gift/Awards/Memorials Exp<br>Legal Services         | Salaries             | Expens<br>/Wages | se<br>s/Contract Labor  |     | Travel Out of Di<br>OTHER (enter a |                                 | ove)       |
|---|--|-------------------|---|----------------------|------------------|---|-----|------------------------------------|---------------------------------|------------|
| _ |  | <del></del>       | The Instruction Guide                               | e explains now to c  | ompi             |   | _   |                                    |                                 | `          |
| 1 | Total pages Schedule F1:<br>Sch: 1/17 Rpt: 4/42  |                   | NAME<br>on, Geanie W. (The Hor                      | norable)             |                  |   | 3   | Filer ID<br>00032386               | (Ethics Commissi                | on Filers) |
| 4 | Date 02/18/2023  | 5 Payee<br>CITI C |   |                      |                  | •   |     |                                    |                                 |            |
| 6 | Amount (\$) \$2,198.76   |                   | address; City;<br>DX 78045<br>NIX, AZ 85062         | State; Zip C         | ode              |   |     |                                    |                                 |            |
| 8 | PURPOSE<br>OF<br>EXPENDITURE   | 1                 | ry (See Categories listed at the to<br>Card Payment | op of this schedule) | (b)              | Description  Check if travel ou  Check if Austin,  CREDITCARE | TX, |                                    | nplete Schedule T.<br>g expense |            |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  |                   | te/Officeholder name                                | Office so            | ught             |   |     | Office h                           | eld                             |            |
|   | Date   | Payee             | name  |                      |                  |   |     |                                    |                                 |            |
|   | 03/13/2023   | СІТІ С            | ARD   |                      |                  |   |     |                                    |                                 |            |
|   | Amount (\$)<br>\$166.44  | PO BO             | address; City;<br>DX 78045<br>NIX, AZ 85062         | State; Zip C         | ode              |   |     |                                    |                                 |            |
|   | PURPOSE<br>OF<br>EXPENDITURE   |                   | ry (See Categories listed at the to<br>Card Payment | op of this schedule) | (b)              | Description  Check if travel or  Check if Austin,  CREDITCARE | TX, |                                    | nplete Schedule T.<br>g expense |            |
|   | Complete ONLY if direct expenditure to benefit C/OI  |                   | te/Officeholder name                                | Office so            | ught             |   |     | Office h                           | eld                             |            |
|   | Date   | Payee             | name  |                      |                  |   |     |                                    |                                 |            |
|   | 04/16/2023   | СІТІ С            | ARD   |                      |                  |   |     |                                    |                                 |            |
|   | Amount (\$)<br>\$591.61  | · ·               | address; City;<br>)X 78045                          | State; Zip C         | ode              |   |     |                                    |                                 |            |
|   |  | PHOE              | NIX, AZ 85062                                       |                      |                  |   |     |                                    |                                 |            |
|   | PURPOSE<br>OF<br>EXPENDITURE   |                   | ry (See Categories listed at the to<br>Card Payment | op of this schedule) | (b)              | Description  Check if travel ou  Check if Austin,  CREDITCARE | TX, |                                    | nplete Schedule T.<br>g expense |            |
|   | Complete ONLY if direct expenditure to benefit C/OI  |                   | te/Officeholder name                                | Office so            | ught             |   |     | Office h                           | eld                             |            |

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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 complete this form.                        |
|---|---|--|
| 1 | Total pages Schedule F1:                            | <u> </u>   |
|   | Sch: 2/17 Rpt: 5/42                                 | Morrison, Geanie W. (The Honorable) 00032386                                     |
| 4 | Date  | 5 Payee name   |
|   | 05/22/2023  | CITI CARD  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$783.94  | PO BOX 78045   |
|   |   |  |
|   |   | PHOENIX, AZ 85062  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF<br>EXPENDITURE                                   | Credit Card Payment Check if travel outside of Texas. Complete Schedule T.       |
|   | EXPENDITORE   | Check if Austin, TX, officeholder living expense                                 |
|   |   | CREDITCARD   |
| _ |   |  |
| 9 | Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held                            |
|   |   |  |
|   | Date  | Payee name   |
|   | 06/13/2023  | CITI CARD  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$1,482.15  | PO BOX 78045   |
|   |   |  |
|   |   | PHOENIX, AZ 85062  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF<br>EXPENDITURE                                   | Credit Card Payment Check if travel outside of Texas. Complete Schedule T.       |
|   | EXI ENDITORE  | Check if Austin, TX, officeholder living expense                                 |
|   |   | CREDITCARD   |
|   | Complete ONLY if direct                             | Condidate/Officeholder name Office county Office hold                            |
|   | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held                            |
|   |   |  |
|   | Date  | Payee name   |
|   | 06/13/2023  | COASTAL BEND PUBLISHING  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$249.00  | 111 N WASHINGTON ST  |
|   |   |  |
|   |   | BEEVILLE, TX 78102   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF<br>EXPENDITURE                                   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.       |
|   |   | Check if Austin, TX, officeholder living expense  GOLIAD GRAD TAB                |
|   |   | GOLIAD GRAD TAB  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held                            |
|   | Complete ONLY if direct expenditure to benefit C/Ol | · · · · · · · · · · · · · · · · · · ·  |
|   |   |  |
|   |   |  |
|   |   |  |

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Political Committee Credit Card Payment  Legal Services Candidate/Officeholder/Political Committee Credit Card Payment  Legal Services Salaries/Wages/Contract Labor Credit Card Payment  The Instruction Guide explains how to complete this form |  |         | OTHER (enter a category not listed above) |                            |   |
|---|---|--|---------|---|----------------------------|---|
|   |   | The Instruction Guide explains how to complete this form.                        |         |   |                            | _ |
| 1 | Total pages Schedule F1:  |  | 3       | Filer ID                                  | (Ethics Commission Filers) |   |
|   | Sch: 3/17 Rpt: 6/42   | Morrison, Geanie W. (The Honorable)  |         | 00032386                                  |                            |   |
| 4 | Date  | 5 Payee name   |         |   |                            |   |
|   | 02/12/2023  | CROSSROAD BUYERS INC   |         |   |                            |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |         |   |                            | _ |
|   | \$250.00  | 313 KOLODZEY ROAD  |         |   |                            |   |
|   |   |  |         |   |                            |   |
|   |   | VICTORIA, TX 77905   |         |   |                            |   |
| _ | DUDDOGE   | <u> </u>   |         |   |                            |   |
| 8 | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description | vol out | tside of Texas. Com                       | unlata Cahadula T          |   |
|   | EXPENDITURE   | Continuations/Ponditions Wade By   |         | X, officeholder living                    |                            |   |
|   |   | LIVESTO  |         |   |                            |   |
|   |   |  |         |   |                            |   |
| 9 | Complete ONLY if direct   | Candidate/Officeholder name Office sought  |         | Office h                                  | eld                        |   |
|   | expenditure to benefit C/OI   |  |         |   |                            |   |
|   | Date  | Payee name   |         |   |                            | _ |
|   | 02/12/2023  | CUERO CHAMBER  |         |   |                            |   |
|   |   |  |         |   |                            |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |         |   |                            |   |
|   | \$1,500.00  | 210 E MAIN STREET  |         |   |                            |   |
|   |   | STE A  |         |   |                            |   |
|   |   | CUERO, TX 77954  |         |   |                            |   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |         |   |                            |   |
|   | OF<br>EXPENDITURE   | Contributions/Bonations wade by  |         | tside of Texas. Com                       |                            |   |
|   |   | Candidate/Officeholder/Political Committee                                       |         | X, officeholder living                    | g expense                  |   |
|   |   | TABLE SI   | OIV     | JOIN                                      |                            |   |
|   | Complete ONLY if direct   | Candidate/Officeholder name Office sought  |         | Office h                                  | ald                        | _ |
|   | expenditure to benefit C/OI   |  |         | Office II                                 | Siu                        |   |
|   |   |  |         |   |                            | _ |
|   | Date  | Payee name   |         |   |                            |   |
|   | 04/21/2023  | CUERO CHAMBER  |         |   |                            |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |         |   |                            |   |
|   | \$50.00   | 210 E MAIN STREET  |         |   |                            |   |
|   |   | STE A  |         |   |                            |   |
|   |   | CUERO, TX 77954  |         |   |                            |   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |         |   |                            |   |
|   | OF<br>EXPENDITURE   | Advertising Expense  |         | tside of Texas. Com                       |                            |   |
|   | LAFENDITORE   |  |         | X, officeholder living                    | g expense                  |   |
|   |   | ANNUAL   | )UE:    | S   |                            |   |
|   |   |  |         |   |                            |   |
|   | Complete ONLY if direct expenditure to benefit C/OI   | Candidate/Officeholder name Office sought  |         | Office h                                  | eld                        |   |
|   | experiencies to benefit C/OI  | ,  |         |   |                            |   |
|   |   |  |         |   |                            |   |
|   |   |  |         |   |                            |   |

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.  |
|---|---|--|
| 1 | Total pages Schedule F1:                            |  |
|   | Sch: 4/17 Rpt: 7/42                                 | Morrison, Geanie W. (The Honorable) 00032386   |
| 4 | Date  | 5 Payee name   |
|   | 06/13/2023  | CUERO RECORD/YORKTOWN NEWS   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$290.00  | PO BOX 351   |
|   |   |  |
|   |   | CUERO, TX 77954  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | LA LABITORE   | Check if Austin, TX, officeholder living expense   |
|   |   | FOOTBALL POSTER ADS  |
| _ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol |  |
|   |   |  |
|   | Date  | Payee name   |
|   | 06/13/2023  | CUERO RECORD/YORKTOWN NEWS   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$300.00  | PO BOX 351   |
|   |   |  |
|   |   | CUERO, TX 77954  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |   | Check if Austin, TX, officeholder living expense 2023 SENIOR SALUTE  |
|   |   | 2020 SENION SALOTE   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                          |  |
|   | Date  | Davisa nama  |
|   | 06/13/2023  | Payee name CUERO VOLUNTEER FIRE DEPT   |
|   |   |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code 219 EAST MAIN   |
|   | \$500.00  | Z19 EAST MAIN  |
|   |   | OUEDO TV 770F4   |
|   |   | CUERO, TX 77954  |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)  (b) Description  |
|   | EXPENDITURE   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   | CAPTAIN LEVEL  |
|   |   |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                          | <b>y</b>   |
|   |   |  |
|   |   |  |
|   |   |  |

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | l Committee    | Food/Beverage Expense Gift/Awards/Memorials Exp<br>Legal Services The Instruction Guide | ense Pri<br>Sa     | _                | nse<br>es/Contract Labor | Travel in Distr<br>Travel Out of I<br>OTHER (enter |                            |
|----------|---|----------------|---|--------------------|------------------|--------------------------|--|----------------------------|
| 1        | Total pages Schedule F1:  | l              |   |                    |                  |                          | 3 Filer ID   | (Ethics Commission Filers) |
| L        | Sch: 5/17 Rpt: 8/42   | Morris         | son, Geanie W. (The Hor   | norable)           |                  |                          | 00032386   | <u> </u>                   |
| 4        | Date  | <b>5</b> Payee | name  |                    |                  |                          |  |                            |
|          | 03/12/2023  | EXPF           | RESSIONS FLORAL & G   | IFTSS              |                  |                          |  |                            |
| 6        | Amount (\$)   | <b>7</b> Payee | address; City;  | State; Z           | ip Code          | )                        |  |                            |
|          | \$91.69   | 3809           | NORTH MAIN ST   |                    |                  |                          |  |                            |
|          |   |                |   |                    |                  |                          |  |                            |
|          |   | VICT           | ORIA, TX 77901  |                    |                  |                          |  |                            |
| 8        | PURPOSE   | (a) Categ      | Ory (See Categories listed at the to  | p of this schedule | e) (b            | ) Description            |  |                            |
|          | OF<br>EXPENDITURE   | 1              | wards/Memorials Expens  |                    |                  |                          | outside of Texas. Co                               |                            |
|          | ZA ZABITORZ   |                |   |                    |                  | Check if Austir          | n, TX, officeholder livi                           | ing expense                |
|          |   |                |   |                    |                  | TODKIGUE2                | <u> </u>   |                            |
| 9        | Complete ONLY if direct   | Candida        | ate/Officeholder name   | Offic              | e sough          | t                        | Office   | held                       |
| 9        | Complete ONLY if direct expenditure to benefit C/O  |                | ale/Onicenoluel name  | Onic               | e sough          |                          | Office   | neiu                       |
|          | Date  | Payee          | name  |                    |                  |                          |  |                            |
|          | 01/07/2023  | INEZ           | COMMUNITY BENEFIT   | ASSCO              |                  |                          |  |                            |
|          | Amount (\$)   | Payee          | address; City;  | State; Z           | ip Code          | )                        |  |                            |
|          | \$200.00  | РО В           | OX 372  |                    |                  |                          |  |                            |
|          |   |                |   |                    |                  |                          |  |                            |
|          |   | INEZ,          | TX 77968  |                    |                  |                          |  |                            |
|          | PURPOSE   | (a) Categ      | Ory (See Categories listed at the to  | p of this schedule | e) (b            | ) Description            |  |                            |
|          | OF<br>EXPENDITURE   | Contr          | ibutions/Donations Made   | Ву                 |                  |                          | outside of Texas. Co                               |                            |
|          | ZA ZABITORZ   | Cand           | idate/Officeholder/Politica   | al Committe        | e                | COMMUNIT                 | n, TX, officeholder livi                           | ing expense                |
|          |   |                |   |                    |                  | COMMONT                  | 1 SUPPURI  |                            |
| $\vdash$ | Complete ONLY if direct   | Candid         | ate/Officeholder name   | Offic              | ce sough         | t                        | Office   | held                       |
|          | expenditure to benefit C/Ol   |                | acconicendiaei Haine  | Oilic              | o sough          | ı                        | Office   | TICIU                      |
| $\vdash$ | Data  |                |   |                    |                  |                          |  |                            |
|          | Date 01/30/2023   | 1              | name<br>VATION & TECHNOLOG  |                    | I IC             |                          |  |                            |
|          |   |                |   |                    |                  |                          |  |                            |
|          | Amount (\$)   | l ´            | address; City; LAVACA STREET  | State; Z           | ip Code          |                          |  |                            |
|          | \$250.00  |                |   |                    |                  |                          |  |                            |
|          |   |                | 110-701   |                    |                  |                          |  |                            |
|          |   | AUST           | TIN, TX 78701   |                    |                  |                          |  |                            |
|          | PURPOSE<br>OF   |                | Ory (See Categories listed at the to  | p of this schedule | <sub>e)</sub> (t | Description              | outside of Tours                                   | amplete Cahadula T         |
|          | EXPENDITURE   | Advei          | rtising Expense   |                    |                  |                          | outside of Texas. Co<br>n, TX, officeholder livi   | ·                          |
|          |   |                |   |                    |                  | DUES                     |  |                            |
|          |   |                |   |                    |                  |                          |  |                            |
|          | Complete ONLY if direct   |                | ate/Officeholder name   | Offic              | e sough          | t                        | Office   | held                       |
|          | expenditure to benefit C/OI   | 4              |   |                    |                  |                          |  |                            |
|          |   |                |   |                    |                  |                          |  |                            |
|          |   |                |   |                    |                  |                          |  |                            |
|          |   |                |   |                    |                  |                          |  |                            |

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

st Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension pot listed above)

|   | Credit Card Payment                                | The Instruction Guide explains how to complete this form.                        |  |  |  |  |
|---|--|--|--|--|--|--|
| 1 | Total pages Schedule F1:                           |  |  |  |  |  |
|   | Sch: 6/17 Rpt: 9/42                                | Morrison, Geanie W. (The Honorable) 00032386                                     |  |  |  |  |
| 4 | Date   | 5 Payee name   |  |  |  |  |
|   | 01/15/2023   | JEFF WILLIAMS  |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |  |  |  |
|   | \$500.00   | 702 SANTA FE   |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  | VICTORIA, TX 77904   |  |  |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |  |  |  |
|   | OF<br>EXPENDITURE                                  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.        |  |  |  |  |
|   | EXPENDITORE  | Check if Austin, TX, officeholder living expense                                 |  |  |  |  |
|   |  | ETHICS REPORTING   |  |  |  |  |
|   |  |  |  |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held                            |  |  |  |  |
|   |  |  |  |  |  |  |
|   | Date   | Payee name   |  |  |  |  |
|   | 06/23/2023   | JEFF WILLIAMS  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |
|   | \$500.00   | 702 SANTA FE   |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  | VICTORIA, TX 77904   |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |  |  |  |
|   | OF<br>EXPENDITURE                                  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.        |  |  |  |  |
|   | EXI ENDITORE                                       | Check if Austin, TX, officeholder living expense  ETHICS REPORTING               |  |  |  |  |
|   |  | ETHICS REPORTING   |  |  |  |  |
|   | Complete ONLY if direct                            | Candidate/Officeholder name Office sought Office held                            |  |  |  |  |
|   | expenditure to benefit C/O                         |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | Date   | Payee name   |  |  |  |  |
|   | 01/07/2023   | LAWSON STRATEGIES LLC  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |
|   | \$2,775.58   | 1407 LOST CREEK BLVD   |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  | AUSTIN, TX 78746   |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |  |  |  |
|   | OF<br>EXPENDITURE                                  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.       |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  JANUARY RETAINER               |  |  |  |  |
|   |  | O/MO/MATINETAMINETA  |  |  |  |  |
|   | Complete ONLY if direct                            | Candidate/Officeholder name Office sought Office held                            |  |  |  |  |
|   | expenditure to benefit C/Ol                        | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |   |
|---|--|---|---|
|   |  | <u> </u>  | _ |
| 1 | Total pages Schedule F1:<br>Sch: 7/17 Rpt: 10/42   | 2 FILER NAME Morrison, Geanie W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00032386  |   |
| 4 | Date 02/12/2023  | 5 Payee name<br>LAWSON STRATEGIES LLC   |   |
| 6 | Amount (\$)<br>\$2,775.58  | 7 Payee address; City; State; Zip Code 1407 LOST CREEK BLVD  AUSTIN, TX 78746   |   |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  |   |
|   | EXPENDITURE  | Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  FEB RETAINER   |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol                                 | Candidate/Officeholder name Office sought Office held   |   |
|   | Date   | Payee name  |   |
|   | 03/12/2023   | LAWSON STRATEGIES LLC   |   |
|   | Amount (\$)<br>\$2,775.58  | Payee address; City; State; Zip Code<br>1407 LOST CREEK BLVD  |   |
|   |  | AUSTIN, TX 78746  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  MARCH RETAINER |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held   |   |
|   | Date   | Payee name  |   |
|   | 04/09/2023   | LAWSON STRATEGIES LLC   |   |
|   | Amount (\$)<br>\$3,075.58  | Payee address; City; State; Zip Code<br>1407 LOST CREEK BLVD  |   |
|   |  | AUSTIN, TX 78746  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  APRIL RETAINER |   |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |   |
|   |  |   |   |

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.  |
|---|---|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 8/17 Rpt: 11/42                                | Morrison, Geanie W. (The Honorable) 00032386   |
| 4 | Date  | 5 Payee name   |
| l | 05/18/2023  | LAWSON STRATEGIES LLC  |
| 6 | Amount (\$)<br>\$2,775.58                           | 7 Payee address; City; State; Zip Code 1407 LOST CREEK BLVD  AUSTIN, TX 78746  |
| 8 | PURPOSE   |  |
|   | OF<br>EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  MAY RETAINER   |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held  |
|   | Date  | Payee name   |
|   | 06/13/2023  | LAWSON STRATEGIES LLC  |
|   | Amount (\$)<br>\$2,775.58                           | Payee address; City; State; Zip Code  1407 LOST CREEK BLVD   |
|   |   | AUSTIN, TX 78746   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  JUNE RETAINER  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   | Date 01/30/2023                                     | Payee name MID-COAST FAMILY SERVICES   |
|   | Amount (\$)<br>\$250.00                             | Payee address; City; State; Zip Code 2010 N NAVARRO STE A VICTORIA, TX 77901   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  MAH JONGG FUNDRAISER |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   |   |  |

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Advertising Expense Accounting/Banking

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|--|---|
| 1 | Total pages Schedule F1:  | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 9/17 Rpt: 12/42  | Morrison, Geanie W. (The Honorable)  | 00032386  |
| 4 | Date  | 5 Payee name   |   |
|   | 01/01/2023  | MOVE IT STORAGE  |   |
| 6 | Amount (\$)<br>\$159.00   | 7 Payee address; City; State; Zip Code 4401 JOHN STOCKBAUER DR  VICTORIA, TX 77904 |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | Office Overhead/Nertial Expense  | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense   |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh   | Candidate/Officeholder name Office sought  | Office held   |
|   | Date  | Payee name   |   |
|   | 02/12/2023  | MOVE IT STORAGE  |   |
|   | Amount (\$)<br>\$159.00   | Payee address; City; State; Zip Code 4401 JOHN STOCKBAUER DR                       |   |
|   |   | VICTORIA, TX 77904   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  | Office Overflead/Nertial Expense   | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense   |
|   | Complete ONLY if direct expenditure to benefit C/Oh   | Candidate/Officeholder name Office sought  | Office held   |
|   | Date  | Payee name   |   |
|   | 02/26/2023  | MOVE IT STORAGE  |   |
|   | Amount (\$)<br>\$159.00   | Payee address; City; State; Zip Code<br>4401 JOHN STOCKBAUER DR                    |   |
|   |   | VICTORIA, TX 77904   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  | Office Overfielda/Nerital Expense  | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense   |
|   | Complete ONLY if direct expenditure to benefit C/Oh   | Candidate/Officeholder name Office sought  | Office held   |
|   |   |  |   |

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

|   | Candidate/Officeholder/Politica<br>Credit Card Payment |   |        |
|---|--|---|--------|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  | $\neg$ |
|   | Sch: 10/17 Rpt: 13/42                                  | Morrison, Geanie W. (The Honorable) 00032386  |        |
| 4 | Date   | 5 Payee name  |        |
|   | 04/30/2023   | MOVE IT STORAGE   |        |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |        |
|   | \$159.00   | 4401 JOHN STOCKBAUER DR   |        |
|   |  |   |        |
|   |  | VICTORIA, TX 77904  |        |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |        |
|   | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |        |
|   |  | A131 UNIT   |        |
|   |  | ALGE GIVIT  |        |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |        |
| 9 | expenditure to benefit C/O                             |   |        |
| - | Date   | Payee name  | =      |
|   | 06/13/2023   | PLANET HOSTING  |        |
| _ | Amount (\$)  | Payee address; City; State; Zip Code  | _      |
|   | \$27.00  | 3901 N MAIN STREET  |        |
|   | Φ21.00   | 3901 N MAIN STREET  |        |
|   |  |   |        |
|   |  | VICTORIA, TX 77901  |        |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |        |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |        |
|   |  | Check if Austin, TX, officeholder living expense  |        |
|   |  | DOMAIN NAME   |        |
|   | Commiste ONLY if divest                                | Condidate/Office helder no rec  | _      |
|   | Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held H   |        |
|   | ·  |   | _      |
|   | Date   | Payee name  |        |
|   | 06/13/2023   | SUSAN RODRIGUEZ   |        |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |        |
|   | \$200.00   | 109 VILLA FRANCA RD   |        |
|   |  |   |        |
|   |  | VICTORIA, TX 77904  |        |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |        |
|   | OF<br>EXPENDITURE                                      | Advertising Expense   |        |
|   | LXFLINDITORL   | Check if Austin, TX, officeholder living expense  |        |
|   |  | REIMBURSE   |        |
|   |  |   | _      |
|   | Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held   |        |
|   | experience to beliefft C/Of                            |   |        |
|   |  |   |        |
|   |  |   |        |

## SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|                    | Candidate/Officeholder/Politica Credit Card Payment |            |   | Legal Services         | s Expense           | Salaries/V  |  | e<br>/Contract Labor |       | OTHER (enter      | a category not listed abov | re)       |
|--------------------|---|------------|---|------------------------|---------------------|-------------|--|----------------------|-------|-------------------|----------------------------|-----------|
| Steak Sura Layment |   |            | The Instruction Guide explains how to complete this form. |                        |                     |             |  |                      |       |                   |                            |           |
| 1                  | Total pages Schedule F1:                            | 2          | FILER NAME  |                        |                     |             |  |                      | 3     | Filer ID          | (Ethics Commissio          | n Filers) |
|                    | Sch: 11/17 Rpt: 14/42                               |            | Morrison, G   | eanie W. (The          | Honorable)          |             |  |                      |       | 00032386          |                            |           |
| 4                  | Date  | Payee name |   |                        |                     |             |  |                      |       |                   |                            |           |
|                    | 06/13/2023  |            | TEXAS ALL   | IANCE FOR LI           | FE                  |             |  |                      |       |                   |                            |           |
| 6                  | Amount (\$)   | 7          | Payee addres  | ss; City;              | State               | ; Zip Co    | de   |                      |       |                   |                            |           |
|                    | \$1,500.00  |            | 8000 CENT   | RE PARK DR             |                     |             |  |                      |       |                   |                            |           |
|                    |   |            | STE 380   |                        |                     |             |  |                      |       |                   |                            |           |
|                    |   |            | AUSTIN, TX  | 78754                  |                     |             |  |                      |       |                   |                            |           |
| 8                  | PURPOSE   | (a)        | Category (Se  | e Categories listed at | the top of this sch | edule)      | (b)  | Description          |       |                   |                            |           |
|                    | OF<br>EXPENDITURE                                   |            |   | s/Donations M          |                     | ,           |  | Check if travel      | outsi | de of Texas. Co   | mplete Schedule T.         |           |
|                    | EXPENDITORE   |            | Candidate/C   | Officeholder/Po        | itical Comm         | ittee       |  | _                    |       | officeholder livi | ng expense                 |           |
|                    |   |            |   |                        |                     |             |  | WALK FOR L           | _IFE  | Ξ                 |                            |           |
|                    |   |            |   |                        |                     |             |  |                      |       |                   |                            |           |
| 9                  | Complete ONLY if direct expenditure to benefit C/OI |            | Candidate/Offic   | eholder name           | (                   | Office sou  | ght  |                      |       | Office I          | neld                       |           |
|                    |   | _          |   |                        |                     |             |  |                      |       |                   |                            |           |
|                    | Date  |            | Payee name  |                        |                     |             |  |                      |       |                   |                            |           |
|                    | 02/26/2023  |            | TEXAS CON   | NSERVATIVE (           | COALITION           |             |  |                      |       |                   |                            |           |
|                    | Amount (\$)   |            | Payee addres  | ss; City;              | State               | ; Zip Co    | de   |                      |       |                   |                            |           |
|                    | \$2,000.00  |            | PO BOX 26   | 59                     |                     |             |  |                      |       |                   |                            |           |
|                    |   |            |   |                        |                     |             |  |                      |       |                   |                            |           |
|                    |   |            | AUSTIN, TX  | 78768                  |                     |             |  |                      |       |                   |                            |           |
|                    | PURPOSE   | (a)        | Category (Se  | e Categories listed at | the top of this sch | edule)      | (b)  | Description          |       |                   |                            |           |
|                    | OF<br>EXPENDITURE                                   |            | Advertising I   |                        |                     | -           |  | <b>=</b>             |       |                   | mplete Schedule T.         |           |
|                    | EXI ENDITORE  |            |   |                        |                     |             | Check if Austin, TX, officeholder living expense  DUES |                      |       |                   |                            |           |
|                    |   |            |   |                        |                     |             |  | DUES                 |       |                   |                            |           |
| _                  | Complete ONLY if direct                             | Ļ          | Condidate (Offic  |                        |                     | )#i== ==:   | au la 4  |                      |       | Office            | a la                       |           |
|                    | Complete ONLY if direct expenditure to benefit C/OI |            | Candidate/Offic   | cenoider name          | (                   | Office sou  | gnt  |                      |       | Office h          | ieia                       |           |
|                    |   | _          |   |                        |                     |             |  |                      |       |                   |                            |           |
|                    | Date  |            | Payee name  |                        |                     |             |  |                      |       |                   |                            |           |
|                    | 02/26/2023  |            | TEXAS HOU   | JSE REPUBLI            | CAN CAUC            | US          |  |                      |       |                   |                            |           |
|                    | Amount (\$)   |            | Payee addres  | •                      | State               | ; Zip Co    | de   |                      |       |                   |                            |           |
|                    | \$1,000.00  |            | PO BOX 13   | 305                    |                     |             |  |                      |       |                   |                            |           |
|                    |   |            |   |                        |                     |             |  |                      |       |                   |                            |           |
|                    |   |            | AUSTIN, TX  | 78711                  |                     |             |  |                      |       |                   |                            |           |
|                    | PURPOSE   | (a)        | Category (Se  | e Categories listed at | the top of this sch | edule)      | (b)  | Description          |       |                   |                            |           |
|                    | OF<br>EXPENDITURE                                   |            | Advertising I   |                        |                     |             |  | 므                    |       |                   | mplete Schedule T.         |           |
|                    | ZA ZIIDII GILZ                                      |            |   |                        |                     |             |  | ш                    | , TX, | officeholder livi | ng expense                 |           |
|                    |   |            |   |                        |                     |             |  | DUES                 |       |                   |                            |           |
| _                  | Complete ONLY if divert                             | Ļ          | Condidate/Off   | oholder name           |                     | Office acre | abt  |                      |       | Office            | oold                       |           |
|                    | Complete ONLY if direct expenditure to benefit C/OI |            | Candidate/Offic   | lenoider name          | (                   | Office sou  | ynı  |                      |       | Office I          | leiu                       |           |
|                    | •   |            |   |                        |                     |             |  |                      |       |                   |                            |           |
|                    |   |            |   |                        |                     |             |  |                      |       |                   |                            |           |
|                    |   |            |   |                        |                     |             |  |                      |       |                   |                            |           |

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Coi

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|                        | Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|
| 1                      | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |  |  |
|                        | Sch: 12/17 Rpt: 15/42                                  | Morrison, Geanie W. (The Honorable) 00032386   |  |  |  |  |  |  |
| 4                      | Date   | 5 Payee name   |  |  |  |  |  |  |
|                        | 06/13/2023   | THE HONORABLE ARMANDO MARTINEZ   |  |  |  |  |  |  |
| 6                      | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |  |  |  |  |  |
|                        | \$77.12  | PO BOX 2910  |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |  |  |
|                        |  | AUSTIN, TX 78768   |  |  |  |  |  |  |
| 8                      | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |
|                        | EXPENDITURE  | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |  |  |  |  |
|                        | !  | COMMITTE GIFTS   |  |  |  |  |  |  |
|                        | !  |  |  |  |  |  |  |  |
| 9                      | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |
| _                      | expenditure to benefit C/Oh                            |  |  |  |  |  |  |  |
| H                      | Date   | Payee name   |  |  |  |  |  |  |
|                        | 02/18/2023   | THE VICTORIA 100 CLUB  |  |  |  |  |  |  |
| $\vdash$               | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |  |  |
| \$1,000.00 PO BOX 5176 |  |  |  |  |  |  |  |  |
|                        | Ψ1,000.00   1 0 BOX 0170                               |  |  |  |  |  |  |  |
|                        |  | VICTORIA, TX 77903   |  |  |  |  |  |  |
|                        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |
|                        | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |  |
|                        | !  | Check if Austin, TX, officeholder living expense  MEMBERSHIP (4 YRS)   |  |  |  |  |  |  |
|                        | !  |  |  |  |  |  |  |  |
| $\vdash$               | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |
|                        | expenditure to benefit C/O                             | - · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |  |
| H                      | Date   | Payee name   |  |  |  |  |  |  |
|                        | 04/21/2023   | THE VINE SCHOOL  |  |  |  |  |  |  |
| _                      | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |  |  |
|                        | \$1,750.00   | 603 E MESQUITE LN  |  |  |  |  |  |  |
|                        | Ψ1,730.00  | 003 E MESQUITE LIV   |  |  |  |  |  |  |
|                        |  | VICTORIA, TX 77901   |  |  |  |  |  |  |
|                        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |
|                        | OF<br>EXPENDITURE                                      | Contributions/Donations Made By  |  |  |  |  |  |  |
|                        | EXPENDITORE  | Candidate/Officeholder/Political Committee   |  |  |  |  |  |  |
|                        | !  | TABLE SPONSORSHIP  |  |  |  |  |  |  |
| _                      | Constitute ONII Wife diment                            | Office held  |  |  |  |  |  |  |
|                        | Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held H  |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |  |  |

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

|   | Candidate/Officeholder/Politica<br>Credit Card Payment     |  | ries/Wages/Contract La<br>to complete this for | , , ,   |
|---|--|--|--|---|
| 1 | Total pages Schedule F1:                                   | 2 FILER NAME   |  | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 13/17 Rpt: 16/42                                      | Morrison, Geanie W. (The Honorable)  |  | 00032386  |
| 4 | Date   | 5 Payee name   |  |   |
|   | 03/12/2023   | VICTORIA A&M CLUB  |  |   |
| 6 | Amount (\$)<br>\$250.00                                    | 7 Payee address; City; State; Zip<br>PO BOX 1413<br>VICTORIA, TX 77902               | Code   |   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule)                     | (b) Descripti                                  | ion   |
|   | OF<br>EXPENDITURE  | Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | Check  | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense OSHIP CLASSIC     |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI |  | sought   | Office held   |
|   | Date   | Payee name   |  |   |
|   | 01/16/2023   | VICTORIA ADVOCATE  |  |   |
|   | Amount (\$)  | Payee address; City; State; Zij  | Code   |   |
|   | \$100.00   | 101 W GOODWIN  |  |   |
|   |  | SUITE 1200   |  |   |
|   |  | VICTORIA, TX 77901   |  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | Check  | ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense DRINK & DRIVE |
|   | Complete ONLY if direct expenditure to benefit C/OI        |  | sought   | Office held   |
|   | Date   | Payee name   |  |   |
|   | 03/12/2023   | VICTORIA ADVOCATE  |  |   |
|   | Amount (\$)<br>\$625.00                                    | Payee address; City; State; Zij<br>101 W GOODWIN<br>SUITE 1200<br>VICTORIA, TX 77901 | ) Code   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | Check  | ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense OCK SHOW      |
|   | Complete ONLY if direct expenditure to benefit C/OI        |  | sought   | Office held   |
|   |  |  |  |   |

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

|   | Credit Card Payment                              | The Instruction Guide explains how to complete this form.  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1:                         | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |  |  |  |
|   | Sch: 14/17 Rpt: 17/42                            | Morrison, Geanie W. (The Honorable) 00032386   |  |  |  |  |  |  |  |
| 4 | Date   | Payee name   |  |  |  |  |  |  |  |
|   | 05/22/2023                                       | VICTORIA ADVOCATE  |  |  |  |  |  |  |  |
| 6 | Amount (\$)                                      | 7 Payee address; City; State; Zip Code   |  |  |  |  |  |  |  |
|   | \$345.00   | 101 W GOODWIN  |  |  |  |  |  |  |  |
|   |  | SUITE 1200   |  |  |  |  |  |  |  |
|   |  | VICTORIA, TX 77901   |  |  |  |  |  |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |  |
|   | OF<br>EXPENDITURE                                | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |  |  |
|   | EXI ENDITORE                                     | Check if Austin, TX, officeholder living expense   |  |  |  |  |  |  |  |
|   |  | DON'T DRINK & DRIVE/EASTER   |  |  |  |  |  |  |  |
| 9 | Complete ONLY if direct                          | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |  |
| 9 | expenditure to benefit C/Ol                      |  |  |  |  |  |  |  |  |
| _ | Data   | David and the second se |  |  |  |  |  |  |  |
|   | Date 06/13/2023                                  | Payee name VICTORIA ADVOCATE   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   | Amount (\$) Payee address; City; State; Zip Code |  |  |  |  |  |  |  |  |
|   | \$570.00   | 101 W GOODWIN  |  |  |  |  |  |  |  |
|   |  | SUITE 1200   |  |  |  |  |  |  |  |
|   |  | VICTORIA, TX 77901   |  |  |  |  |  |  |  |
|   | PURPOSE<br>OF                                    | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |  |
|   | EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |  |  |  |  |  |  |  |
|   |  | DON'T DRINK & DRIVE/GRADUATION   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   | Complete ONLY if direct                          | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |  |
|   | expenditure to benefit C/O                       |  |  |  |  |  |  |  |  |
|   | Date   | Payee name   |  |  |  |  |  |  |  |
|   | 01/07/2023                                       | VICTORIA CHAMBER OF COMMERCE   |  |  |  |  |  |  |  |
|   | Amount (\$)                                      | Payee address; City; State; Zip Code   |  |  |  |  |  |  |  |
|   | \$50.00  | PO BOX 2465  |  |  |  |  |  |  |  |
|   | 400.00   | . 6 26/12/100  |  |  |  |  |  |  |  |
|   |  | VICTORIA, TX 77902   |  |  |  |  |  |  |  |
|   | PURPOSE  |  |  |  |  |  |  |  |  |
|   | OF   | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  |  |  |  |  |  |  |  |
|   | EXPENDITURE                                      | Check if Austin, TX, officeholder living expense   |  |  |  |  |  |  |  |
|   |  | DECEMBER LUNCHEON  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   | Complete ONLY if direct                          | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |  |
|   | expenditure to benefit C/Ol                      | 1<br>  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

|     | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | l Co     | The Instruction Guide  |                 |            | pense<br>ages/ | e<br>/Contract Labor | Travel Out of D<br>OTHER (enter a              |                            |     |
|-----|--|----------|--|-----------------|------------|----------------|----------------------|--|----------------------------|-----|
| 1   | Total pages Schedule F1:   | 2        | FILER NAME   |                 |            |                | :                    | 3 Filer ID                                     | (Ethics Commission Filers) |     |
|     | Sch: 15/17 Rpt: 18/42  |          | Morrison, Geanie W. (The Ho  | norable)        |            |                |                      | 00032386                                       |                            |     |
| 4   | Date   | 5        | Payee name   |                 |            |                |                      |  |                            |     |
|     | 01/22/2023   |          | VICTORIA CHAMBER OF CO   | DMMERC          | E          |                |                      |  |                            |     |
| 6   | Amount (\$)  | 7        | Payee address; City;   | State;          | Zip Co     | de             |                      |  |                            |     |
|     | \$2,000.00   |          | PO BOX 2465  |                 |            |                |                      |  |                            |     |
|     |  |          |  |                 |            |                |                      |  |                            |     |
|     |  |          | VICTORIA, TX 77902   |                 |            |                |                      |  |                            |     |
| 8   | PURPOSE  | (a)      | Category (See Categories listed at the t   | op of this sche | edule)     | (b)            | Description          |  |                            |     |
|     | OF<br>EXPENDITURE  |          | Advertising Expense  |                 |            |                | 브                    | utside of Texas. Cor                           | •                          |     |
|     |  |          |  |                 |            |                | ANNUAL BAN           | TX, officeholder livin                         |                            |     |
|     |  |          |  |                 |            |                | ANNOAL BAN           | QULT - GUL                                     | D SFONSON                  |     |
| 9   | Complete ONLY if direct  | <u> </u> | Candidate/Officeholder name  |                 | Office sou | aht            |                      | Office h                                       | ald                        |     |
| ľ   | expenditure to benefit C/O   |          | andidato/ Office floud! Hallic   | O               | moc sou    | 9111           |                      | Onice II                                       |                            |     |
|     | Date   | Π        | Davee name   |                 |            |                |                      |  |                            | =   |
|     | 01/22/2023   |          | Payee name VICTORIA CHAMBER OF CO  | )MMERC          | F          |                |                      |  |                            |     |
|     |  | _        |  |                 | Zip Co     | do             |                      |  |                            | _   |
|     | Amount (\$) \$25.00  |          | Payee address; City; PO BOX 2465   | State,          | Zip Co     | ue             |                      |  |                            |     |
|     | φ25.00   |          | PO BOX 2403  |                 |            |                |                      |  |                            |     |
|     |  |          | \#0T0B\A T\  |                 |            |                |                      |  |                            |     |
|     |  |          | VICTORIA, TX 77902   |                 |            |                |                      |  |                            |     |
|     | PURPOSE<br>OF  | (a)      | Category (See Categories listed at the t   | op of this sche | edule)     | (b)            | Description          |  | undete Cabandula T         |     |
|     | EXPENDITURE  |          | Fees   |                 |            |                | <b>=</b>             | utside of Texas. Cor<br>TX, officeholder livin |                            |     |
|     |  |          |  |                 |            |                | JANUARY LU           |  |                            |     |
|     |  |          |  |                 |            |                |                      |  |                            |     |
|     | Complete ONLY if direct  |          | Candidate/Officeholder name  | 0               | Office sou | ght            |                      | Office h                                       | eld                        | _   |
|     | expenditure to benefit C/OI  | Н        |  |                 |            |                |                      |  |                            |     |
|     | Date   |          | Payee name   |                 |            |                |                      |  |                            | _   |
|     | 02/18/2023   |          | VICTORIA CHAMBER OF CO   | OMMERC          | Έ          |                |                      |  |                            |     |
|     | Amount (\$)  |          | Payee address; City;   | State;          | Zip Co     | de             |                      |  |                            |     |
|     | \$25.00  |          | PO BOX 2465  |                 |            |                |                      |  |                            |     |
|     |  |          |  |                 |            |                |                      |  |                            |     |
|     |  |          | VICTORIA, TX 77902   |                 |            |                |                      |  |                            |     |
|     | PURPOSE  | (a)      | Category (See Categories listed at the t   | op of this sche | edule)     | (b)            | Description          |  |                            |     |
|     | OF<br>EXPENDITURE  |          | Fees   |                 |            |                | ш                    | utside of Texas. Cor                           | •                          |     |
|     | ZA ZABITORZ  |          |  |                 |            |                | _                    | TX, officeholder livin                         | ng expense                 |     |
|     |  |          |  |                 |            |                | FEBRUARY L           | UNCHEUN  |                            |     |
| _   | Complete ONLY if direct  | Ц,       | Candidate/Officeholder name  |                 | Office sou | aht            |                      | Office h                                       | neld                       | _   |
|     | expenditure to benefit C/O   |          | and a second desired the second secon | O               | cc sou     | ar             |                      | Cilico II                                      |                            |     |
|     |  |          |  |                 |            |                |                      |  |                            | _   |
|     |  |          |  |                 |            |                |                      |  |                            |     |
| Eor | me provided by Texas F   | thic     | e Commission   | w othics s      | tata tv    | <u>c</u>       |                      |  | Version V2 5 1 a18ea2      | 200 |

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica Credit Card Payment |   |                           | egal Services                   | als Expense         | Salaries/M |     | e<br>/Contract Labor        |         | OTHER (ente    | a category not li | isted above)     |
|---|---|---|---------------------------|---------------------------------|---------------------|------------|-----|-----------------------------|---------|----------------|-------------------|------------------|
|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form. |                           |                                 |                     |            |     |                             |         |                |                   |                  |
| 1 | Total pages Schedule F1:                            | 2 F   | ILER NAME                 |                                 |                     |            |     |                             | 3       | Filer ID       | (Ethics Co        | mmission Filers) |
|   | Sch: 16/17 Rpt: 19/42                               | l N   | Norrison, Ge              | anie W. (The                    | Honorable           | )          |     |                             |         | 00032386       | i                 |                  |
| 4 | Date  | <b>5</b> P  | ayee name                 |                                 |                     |            |     |                             |         |                |                   |                  |
|   | 03/12/2023  | v   | ICTORIA C                 | HAMBER OF                       | COMMER              | CE         |     |                             |         |                |                   |                  |
| 6 | Amount (\$)   | <b>7</b> P  | ayee address              | s; City;                        | Stat                | e; Zip Co  | de  |                             |         |                |                   |                  |
|   | \$150.00  | P   | O BOX 246                 | 5                               |                     |            |     |                             |         |                |                   |                  |
|   |   |   |                           |                                 |                     |            |     |                             |         |                |                   |                  |
|   |   | v   | ICTORIA, T                | X 77902                         |                     |            |     |                             |         |                |                   |                  |
| 8 | PURPOSE   | (a) C   | Category (See             | Categories listed a             | t the top of this s | chedule)   | (b) | Description                 |         |                |                   |                  |
|   | OF<br>EXPENDITURE                                   | 1   | ees                       | J                               |                     | ,          |     | 브                           |         |                | mplete Schedule   | е Т.             |
|   | LXI ENDITORE  |   |                           |                                 |                     |            |     | Check if Austin,            |         |                |                   |                  |
|   |   |   |                           |                                 |                     |            |     | CAPITOL DA                  | \ Y - I | RODRIGO        | EZ                |                  |
| _ | 0 1: 0 1: 0   | <u> </u>  | 1.1                       |                                 |                     | 0.00       |     |                             |         | 0.00           |                   |                  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI |   | indidate/Offic            | eholder name                    |                     | Office sou | gnt |                             |         | Office         | neid              |                  |
| _ |   |   |                           |                                 |                     |            |     |                             |         |                |                   |                  |
|   | Date  | l   | ayee name                 |                                 |                     |            |     |                             |         |                |                   |                  |
|   | 04/21/2023  |   | /ICTORIA C                | HAMBER OF                       | COMMER              | CE         |     |                             |         |                |                   |                  |
|   | Amount (\$)   | l   | ayee address              |                                 | Stat                | e; Zip Co  | de  |                             |         |                |                   |                  |
|   | \$25.00   | P   | O BOX 246                 | 5                               |                     |            |     |                             |         |                |                   |                  |
|   |   |   |                           |                                 |                     |            |     |                             |         |                |                   |                  |
|   |   | V   | ICTORIA, T                | X 77902                         |                     |            |     |                             |         |                |                   |                  |
|   | PURPOSE   | (a) C   | Category (See             | Categories listed a             | t the top of this s | chedule)   | (b) | Description                 |         |                |                   |                  |
|   | OF<br>EXPENDITURE                                   | F   | ees                       |                                 |                     |            |     | <b>=</b>                    |         |                | mplete Schedule   | e T.             |
|   |   |   |                           |                                 |                     |            |     | Check if Austin, APRIL LUNC |         |                |                   |                  |
|   |   |   |                           |                                 |                     |            |     | 7 II THE LOIVO              |         | ONTODI         | WOOLZ             |                  |
|   | Complete ONLY if direct                             | L<br>Ca   | ndidate/Offic             | eholder name                    |                     | Office sou | aht |                             |         | Office         | held              |                  |
|   | expenditure to benefit C/OI                         |   |                           |                                 |                     |            | 9   |                             |         |                |                   |                  |
| _ | Date  | Ь   | ayee name                 |                                 |                     |            |     |                             |         |                |                   |                  |
|   | 01/07/2023  | ı   | •                         | OUNTY REF                       | UBLICAN I           | PARTY      |     |                             |         |                |                   |                  |
|   |   | -   |                           |                                 |                     |            | do  |                             |         |                |                   |                  |
|   | Amount (\$) \$1,200.00                              | l   | ayee address<br>.15 SOUTH |                                 | Siai                | e; Zip Co  | ue  |                             |         |                |                   |                  |
|   | \$1,200.00  | 1   | .13 300111                | IVIAIIN                         |                     |            |     |                             |         |                |                   |                  |
|   |   | Ι,  | "OTODIA T                 | .v. 77004                       |                     |            |     |                             |         |                |                   |                  |
|   |   |   | /ICTORIA, T               |                                 |                     |            |     |                             |         |                |                   |                  |
|   | PURPOSE<br>OF                                       |   |                           | Categories listed a             |                     | chedule)   | (b) | Description                 | outci   | do of Toyas Co | mplete Schedule   | , T              |
|   | EXPENDITURE   |   |                           | s/Donations N<br>fficeholder/Po |                     | mittee     |     | Check if Austin,            |         |                |                   | <del>.</del> 1.  |
|   |   |   | our la la cator C         |                                 | ondour Com          |            |     | GALA                        |         |                |                   |                  |
|   |   |   |                           |                                 |                     |            |     |                             |         |                |                   |                  |
|   | Complete ONLY if direct                             |   | ındidate/Offic            | eholder name                    |                     | Office sou | ght |                             |         | Office         | held              |                  |
|   | expenditure to benefit C/OI                         | Н   |                           |                                 |                     |            |     |                             |         |                |                   |                  |
|   |   |   |                           |                                 |                     |            |     |                             |         |                |                   |                  |
|   |   |   |                           |                                 |                     |            |     |                             |         |                |                   |                  |
| 1 |   |   |                           |                                 |                     |            |     |                             |         |                |                   |                  |

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | ŭ                             | ·                           |                     | ges/Contract Labor    | Travel Out of Dis<br>OTHER (enter a | strict<br>category not listed above) |
|--|---|-------------------------------|-----------------------------|---------------------|-----------------------|-------------------------------------|--------------------------------------|
| L  |   |                               | on Guide explains h         | ow to com           | piete this form.      |                                     |                                      |
| 1  | Total pages Schedule F1:                                  |                               |                             |                     |                       | 3 Filer ID                          | (Ethics Commission Filers)           |
|  | Sch: 17/17 Rpt: 20/42                                     | Morrison, Geanie W. (T        | he Honorable)               |                     |                       | 00032386                            |                                      |
| 4  | Date  | Payee name                    |                             |                     |                       |                                     |                                      |
| L  | 04/21/2023  | VICTORIA EAST PRO             | JECT GRADUAT                | TION                |                       |                                     |                                      |
| 6  | Amount (\$)   | Payee address; City;          | State;                      | Zip Code            | е                     |                                     |                                      |
|  | \$500.00  | PO BOX 7654                   |                             |                     |                       |                                     |                                      |
|  |   |                               |                             |                     |                       |                                     |                                      |
|  |   | VICTORIA, TX 77903            |                             |                     |                       |                                     |                                      |
| 8  | PURPOSE   | Category (See Categories list | ed at the top of this sched | dule) (I            | <b>b)</b> Description |                                     |                                      |
|  | OF<br>EXPENDITURE   | Contributions/Donation        |                             |                     |                       | outside of Texas. Com               | plete Schedule T.                    |
|  | EXPENDITURE   | Candidate/Officeholder        |                             | ttee                | Check if Austin,      | TX, officeholder living             | expense                              |
|  |   |                               |                             |                     | GRADUATIO             | N EVENT                             |                                      |
|  |   |                               |                             |                     |                       |                                     |                                      |
| 9  | Complete ONLY if direct                                   | Candidate/Officeholder nan    | ne Of                       | ffice sough         | nt                    | Office he                           | eld                                  |
|  | expenditure to benefit C/OI                               |                               |                             |                     |                       |                                     |                                      |
|  | Date  | Payee name                    |                             |                     |                       |                                     |                                      |
|  | 02/18/2023  | VICTORIA SYMPHON              | Y                           |                     |                       |                                     |                                      |
|  | Amount (\$)   | Payee address; City;          | State:                      | Zip Code            | e                     |                                     |                                      |
|  | \$1,000.00  | 405 E LOMA VISTA              |                             |                     |                       |                                     |                                      |
|  | +=,000.00   |                               |                             |                     |                       |                                     |                                      |
|  |   | VICTORIA TV 77001             |                             |                     |                       |                                     |                                      |
|  |   | VICTORIA, TX 77901            |                             |                     |                       |                                     |                                      |
|  | PURPOSE<br>OF   | Category (See Categories list |                             | <sub>dule)</sub> (I | Description           |                                     |                                      |
|  | EXPENDITURE   | Contributions/Donation        |                             |                     | <u> </u>              | outside of Texas. Com               |                                      |
|  |   | Candidate/Officeholder        | /Political Commit           | rree                | ш                     | TX, officeholder living             |                                      |
|  |   |                               |                             |                     | WINE DIMNE            | IV LONDKWISE                        | -11                                  |
| $\vdash$   | Complete ONLY if direct                                   | Candidato/Officabaldar sas    | 20 Of                       | ffice sourch        | nt .                  | Office he                           | ald.                                 |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nan    | ie Of                       | ffice sough         | ıı                    | Office he                           | au                                   |
|  |   |                               |                             |                     |                       |                                     |                                      |
|  | Date  | Payee name                    |                             |                     |                       |                                     |                                      |
|  | 02/18/2023  | YORKTOWN CHAMBE               | R OF COMMER                 | RCE                 |                       |                                     |                                      |
|  | Amount (\$)   | Payee address; City;          | State;                      | Zip Code            | e                     |                                     |                                      |
|  | \$40.00   | PO BOX 488                    |                             |                     |                       |                                     |                                      |
|  |   |                               |                             |                     |                       |                                     |                                      |
|  |   | YORKTOWN, TX 7816             | 4                           |                     |                       |                                     |                                      |
|  | PURPOSE   | Category (See Categories list | ed at the top of this sched | dule) (I            | b) Description        |                                     |                                      |
|  | OF<br>EXPENDITURE   | Advertising Expense           | ,                           | , I                 | •                     | outside of Texas. Com               | plete Schedule T.                    |
|  | EXPENDITURE   |                               |                             |                     | ш                     | TX, officeholder living             | expense                              |
|  |   |                               |                             |                     | DUES                  |                                     |                                      |
|  |   |                               |                             |                     |                       |                                     |                                      |
|  | Complete ONLY if direct                                   | Candidate/Officeholder nan    | ne Of                       | ffice sough         | nt                    | Office he                           | eld                                  |
|  | expenditure to benefit C/O                                |                               |                             |                     |                       |                                     |                                      |
|  |   |                               |                             |                     |                       |                                     |                                      |
|  |   |                               |                             |                     |                       |                                     |                                      |
|  |   |                               |                             |                     |                       |                                     |                                      |

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/22 Rpt: 21/42 Morrison, Geanie W. (The Honorable) 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/26/2023 24 DINER Amount (\$) Payee address; State; Zip Code City; \$109.00 600 N LAMAR BLVD AUSTIN, TX 78703 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING LUNCH 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/28/2023 24 DINER Amount (\$) Payee address; City; State; Zip Code \$79.35 600 N LAMAR BLVD AUSTIN, TX 78703 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING LUNCH Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/22 Rpt: 22/42 Morrison, Geanie W. (The Honorable) 00032386 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 02/02/2023 68 DEGREES KITCHEN Amount (\$) Payee address; State; Zip Code City; \$191.43 2401 LAKE AUSTIN BLVD AUSTIN, TX 78703 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING DINNER 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/09/2023 **AUSTIN LAND & CATTLE** Amount (\$) Payee address; City; State; Zip Code \$487.83 **1205 N LAMAR** AUSTIN, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CONSTITUENT DINNER Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/22 Rpt: 23/42 Morrison, Geanie W. (The Honorable) 00032386 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/13/2023 CAPITOL GIFTS SHOP Amount (\$) Payee address; State; Zip Code City; \$174.28 1400 CONGRESS AVE E1.006 AUSTIN, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **AUCTION PRIZES** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/10/2023 CENTRAL MARKET Amount (\$) Payee address; City; State; Zip Code \$544.50 4477 SOUTH LAMAR AUSTIN, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CONSTITUANT SNACKS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/22 Rpt: 24/42 Morrison, Geanie W. (The Honorable) 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 02/07/2023 CITI CARD Amount (\$) Payee address; State; Zip Code City; \$86.88 PO BOX 78045 PHOENIX, AZ 85062 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **MEMBERSHIP** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/07/2023 CITI CARD Payee address: Amount (\$) City; State; Zip Code \$20.45 PO BOX 78045 PHOENIX, AZ 85062 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **FEES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/22 Rpt: 25/42 Morrison, Geanie W. (The Honorable) 00032386 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 04/15/2023 **DOORDASH** Amount (\$) Payee address; City; State; Zip Code \$144.00 **801 BARTON SPRINGS** 2ND FLOOR AUSTIN, TX 78704 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING LUNCH 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/03/2023 **DOORDASH** Amount (\$) Payee address; City; State; Zip Code \$64.35 **801 BARTON SPRINGS** 2ND FLOOR AUSTIN, TX 78704 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING LUNCH Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/22 Rpt: 26/42 Morrison, Geanie W. (The Honorable) 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 05/06/2023 **DOORDASH** Amount (\$) Payee address; City; State; Zip Code \$34.02 **801 BARTON SPRINGS** 2ND FLOOR AUSTIN, TX 78704 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING LUNCH 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/23/2023 **DOORDASH** Amount (\$) Payee address; City; State; Zip Code \$57.54 **801 BARTON SPRINGS** 2ND FLOOR AUSTIN, TX 78704 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING LUNCH Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/22 Rpt: 27/42 Morrison, Geanie W. (The Honorable) 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 05/27/2023 **DOORDASH** Amount (\$) Payee address; City; State; Zip Code \$55.70 **801 BARTON SPRINGS** 2ND FLOOR AUSTIN, TX 78704 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING LUNCH 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/29/2023 **DOORDASH** Amount (\$) Payee address; City; State; Zip Code \$45.96 **801 BARTON SPRINGS** 2ND FLOOR AUSTIN, TX 78704 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING LUNCH Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/22 Rpt: 28/42 Morrison, Geanie W. (The Honorable) 00032386 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 03/08/2023 FRESCA'S 9TH & LAMAR Amount (\$) Payee address; State; Zip Code \$108.45 915 N LAMAR BLVD AUSTIN, TX 78703 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING LUNCH 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/18/2023 FRESH PLUS #2 Amount (\$) Payee address; City; State; Zip Code \$23.96 1221 W LYNE ST AUSTIN, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SNACKS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/22 Rpt: 29/42 Morrison, Geanie W. (The Honorable) 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/08/2023 FRESH PLUS #2 Amount (\$) Payee address; State; Zip Code City; \$86.19 1221 W LYNE ST AUSTIN, TX 78703 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SNACKS 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/01/2023 FRESH PLUS #2 Amount (\$) Payee address; City; State; Zip Code \$59.30 1221 W LYNE ST AUSTIN, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WORKING LUNCH Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/22 Rpt: 30/42 Morrison, Geanie W. (The Honorable) 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 01/10/2023 **GOOGLE** Amount (\$) Payee address; City; State; Zip Code \$2.12 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ONLINE STORAGE FEE 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/10/2023 **GOOGLE** Amount (\$) Payee address; City; State; Zip Code \$2.12 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ONLINE STORAGE FEE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Morrison, Geanie W. (The Honorable) Sch: 11/22 Rpt: 31/42 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/10/2023 **GOOGLE** Amount (\$) Payee address; City; State; Zip Code \$2.12 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ONLINE STORAGE FEE 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/10/2023 **GOOGLE** Amount (\$) Payee address; City; State; Zip Code \$2.12 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ONLINE STORAGE FEE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Morrison, Geanie W. (The Honorable) Sch: 13/22 Rpt: 33/42 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/22/2023 **HEB** Amount (\$) Payee address; State; Zip Code City; \$27.90 6101 N NAVARRO VICTORIA, TX 77904 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SNACKS 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/15/2023 MOVE IT STORAGE Amount (\$) Payee address; City; State; Zip Code \$183.00 4401 JOHN STOCKBAUER DR VICTORIA, TX 77904 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **STORAGE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/22 Rpt: 34/42 Morrison, Geanie W. (The Honorable) 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 05/01/2023 MOVE IT STORAGE Amount (\$) Payee address; State; Zip Code City; \$183.00 4401 JOHN STOCKBAUER DR VICTORIA, TX 77904 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **STORAGE** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/04/2023 OFFICE DEPOT Amount (\$) Payee address; City; State; Zip Code \$32.24 907 W 5TH STREET AUSTIN, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SUPPLIES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/22 Rpt: 36/42 Morrison, Geanie W. (The Honorable) 00032386 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 01/21/2023 SAM'S CLUB Amount (\$) Payee address; State; Zip Code City; \$108.50 9202 N NAVARRO VICTORIA, TX 77904 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SNACKS 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/18/2023 SAM'S CLUB Amount (\$) Payee address; City; State; Zip Code \$81.06 9202 N NAVARRO VICTORIA, TX 77904 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SNACKS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Morrison, Geanie W. (The Honorable) Sch: 20/22 Rpt: 40/42 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/01/2023 **TARGET** Amount (\$) Payee address; State; Zip Code City; \$28.46 7608 NE ZAC LENTZ PKWY VICTORIA, TX 77904 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SNACKS 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/29/2023 **TARGET** Amount (\$) Payee address; City; State; Zip Code \$51.19 7608 NE ZAC LENTZ PKWY VICTORIA, TX 77904 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SUPPLIES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/22 Rpt: 41/42 Morrison, Geanie W. (The Honorable) 00032386 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/26/2023 **TFRW** Amount (\$) Payee address; State; Zip Code City; \$253.75 13740 US-183 HWY J4 AUSTIN, TX 78750 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense REPUBLICAN WOMAN 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/23/2023 THE UPS STORE Amount (\$) Payee address; City; State; Zip Code \$371.29 8806 N NAVARRO VICTORIA, TX 77904 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense GRADUATION CERTIFICATE PRINTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/22 Rpt: 42/42 Morrison, Geanie W. (The Honorable) 00032386 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 05/20/2023 WHOLE EARTH PROVISION Amount (\$) Payee address; State; Zip Code City; \$371.58 1014 N LAMAR BLVD AUSTIN, TX 78703 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense STAFF GIFTS 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/14/2023 WHOLE FOODS Amount (\$) Payee address; City; State; Zip Code \$31.04 525 N LAMAR BLVD AUSTIN, TX 78703 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SNACKS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH