CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	ne C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Comm 00083199		2 Total pages f	iled: 23
3	CANDIDATE /	MS/MRS/MR	FIRST		MI	OFFICE	USE ONLY
	OFFICEHOLDER	The Honorable	Christina				USE ONL I
	NAME					Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	07/16/2023	
			Morales				
4	CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	γ.	ZIP CODE	Date Hand-delivered	or Date Postmarked
ľ	OFFICEHOLDER	2901 Canal St.	1,00112 ", 011	• •	211 0052		
	MAILING ADDRESS	2301 Canai St.	Receipt #	Amount			
	Change of Address	Houston, TX 77003				Date Processed	L
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
	TREASURER NAME	Ms.	Graciela G.				
	10 WIL						
		NICKNAME	LAST		SUFFIX		
			Saenz				
6	CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE).	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
ľ	TREASURER	5503 Lawndale St.	0 20/(1 22/(02),	7.1	1700112 11,	01	7.112, 211 0052
	ADDRESS	oooo Eawndaic Gi.					
	(Residence or Business)						
		Houston, TX 77023					
7	CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
ľ	TREASURER	(281) 888-4409		_,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	PHONE	(201) 000-4403					
8	REPORT						
ľ	TYPE	January 15	30th day before	e election	Runoff	15th day after ca	ampaign treasurer
					_	appointment (off	
		X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	01/01/2023	T⊦	HROUGH	06/30/202	23	
10	ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
		Month Day Year	ΧP	rimary	Runoff	Other	
		03/05/2024	l ∏g	eneral	Special		
					ш.		
11	OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	OFFICE	State Representative Dis	strict 145			tative District 145	5
		State Representative Die			Ciaio represent	2.00.100 170	•
L							
			GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Morales, Christina (T	he Honorable)	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL	COMMITTEE ADDRE	ESS						
	SPECIFIC								
	COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPA	AIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		IZED POLITICAL CON ES OF LOANS, OR CO	\$,	0.00					
	2. TOTAL POLITIC (OTHER THAN I	S)	\$	0.00					
EXPENDITURE TOTALS									
	\$	31,003.82							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE L	AST DAY OF THE	\$	61,687.82			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	5,000.00			
17 AFFIDAVIT									
		tru	wear, or affirm, under penalt e and correct and includes a der Title 15, Election Code.						
			The Honor	rable Christina Mo	rales				
		_		Candidate or Officel					
AFFIX NC	OTARY STAMP / SEAL AB	OVE							
Sworn to and subs	scribed before me, by the s	aid		, this the		day			
of	, 20, to co	ertify which, witness my	/ hand and seal of office.						
Signature of offi	icer administering	Drinted name of	officer administering	Title of offi	cer administer	ing oath			
Signature of Offi	oor auministering	i miled name of	omoor aaniinisteriing	Tiue of Offi	cor aurillistei	ing oddi			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 23 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Morales, Christina (The Honorable) 00083199 **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 31,003.82 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

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

	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: 1/19 Rpt: 4/23	Morales, Christina (The Honorable)		00083199					
4	Date	5 Payee name		-					
	05/05/2023	Bellaflor Bowtique LLC							
6	Amount (\$)	7 Payee address; City; State; Zip Code	е						
	\$389.70	2700 Navigation Blvd.							
		Houston, TX 77003							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) [Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.					
	LAFLINDHORL		Ē	Check if Austin, TX, officeholder living expense					
			۲	Flowers for Constituents					
_	Operation ONE V if dispose	Out lide to 10 ff and all decreases		Office health					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt	Office held					
	Date	Payee name							
	03/03/2023	AA Coins and Pins							
	Amount (\$)	Payee address; City; State; Zip Code	е						
	\$534.60	7157 Narcoossee Rd							
		# 1144							
		Orlando, FL 32822-5533							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) [Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.					
			L	Check if Austin, TX, officeholder living expense Challenge Coins for Colleagues and Constituents					
				Shallenge Coms for Colleagues and Constituents					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt	Office held					
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·		5ce 1.5.u					
	Date	Payee name							
	02/27/2023	Aceves Communication, LLC							
	Amount (\$) \$3,203.00	Payee address; City; State; Zip Code PO Box 6514	e						
	Ψ3,203.00	FO BOX 0314							
		Houston TV 77265							
		Houston, TX 77265							
	PURPOSE OF	,	b) [Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Consulting Expense	F	Check if dustin, TX, officeholder living expense					
			-	General Consulting					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt	Office held					
	expenditure to benefit C/O	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 2/19 Rpt: 5/23	Morales, Christina (The Honorable) 00083199							
4	Date	5 Payee name							
	06/30/2023	Amegy Bank of Texas							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2.00	4405 Post Oak Parkway							
		Houston, TX 77027							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.							
	LXI LINDITORE	Check if Austin, TX, officeholder living expense							
		Statement Fees							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	Complete ONLY if direct expenditure to benefit C/OI								
	Date	Payee name							
	05/31/2023	Amegy Bank of Texas							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2.00	4405 Post Oak Parkway							
		Houston, TX 77027							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Statement Fees							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	04/28/2023	Amegy Bank of Texas							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2.00	4405 Post Oak Parkway							
		, and the second							
		Houston, TX 77027							
	PURPOSE	<u></u>							
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Statement Fees							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experientare to benefit C/OI	<u> </u>							

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/Wages/Contract Labor

	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: 3/19 Rpt: 6/23	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	03/31/2023	Amegy Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	4405 Post Oak Parkway
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Statement Fees
_	Operation ONLY & Street	One districts (Office health are assets as the control of the cont
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2023	Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	4405 Post Oak Parkway
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Statement Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	01/31/2023	Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	4405 Post Oak Parkway
	¥2.00	
		Houston, TX 77027
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Statement Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	Candidate/Officenoider/Politica 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: 4/19 Rpt: 7/23	Morales, Christina (The Honorable) 00083199							
4	Date	5 Payee name							
	06/01/2023	Amegy Bank of Texas							
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 4405 Post Oak Parkway							
		Houston, TX 77027							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Debit Card Fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	05/01/2023	Amegy Bank of Texas							
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 4405 Post Oak Parkway							
		Houston, TX 77027							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Debit Card Fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	04/03/2023	Amegy Bank of Texas							
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 4405 Post Oak Parkway							
		Houston, TX 77027							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Debit Card Fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 -Candidate/Officeholder/Political Commit

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

	Candidate/Officenoider/Politica 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: 5/19 Rpt: 8/23	Morales, Christina (The Honorable) 00083199								
4	Date	5 Payee name								
	03/01/2023	Amegy Bank of Texas								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$10.00	4405 Post Oak Parkway								
		Houston, TX 77027								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Debit Card Fee								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	1								
	Date	Payee name								
	02/01/2023	Amegy Bank of Texas								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$10.00	4405 Post Oak Parkway								
		Houston, TX 77027								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the unique stated at Taylor Campilete Schedule T								
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Debit Card Fee								
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held								
	experialitire to benefit C/Oi									
	Date	Payee name								
	01/03/2023	Amegy Bank of Texas								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$10.00	4405 Post Oak Parkway								
		Houston, TV 77027								
	DUDDOCE	Houston, TX 77027								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Debit Card Fee								
	Commission ONU V if allows	Condidate/Officeholder name								
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held								

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

se Travel in District
rise Travel Out of District
OTHER (enter a c

	Candidate/Officenoider/Politica 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: 6/19 Rpt: 9/23	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	04/17/2023	American Legion Post 472
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	7599 Avenue C
		Houston, TX 77012
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Golf Tournament Sponsor
		Con Tournament Sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/26/2023	Arnold, Elaine
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1100 S Congress Ave
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Tee Shirts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payso nama
	05/08/2023	Payee name Cenote
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.70	1010 East Cesar Chavez
	4 0	
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Dinner
	Complete ONLY if direct expenditure to benefit C/OI	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 -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	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: 7/19 Rpt: 10/23	Morales, Christina (The Honorable) 00083199						
4	Date	5 Payee name						
	04/20/2023	Clayton Spangler Photographic Design						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$511.00	254 Orchard St,						
		Elmwood Park, NJ 07407						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Photography						
_								
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/25/2023	Conchita Reyes Campaign						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	4001 Leeland St.						
		Houston, TX 77003						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
	ZXI ZXIDITORZ	Candidate/Officeholder/Political Committee Campaign Check if Austin, TX, officeholder living expense						
		Campaign Donation						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	· ·						
	Data							
	Date	Payee name						
	02/21/2023	Currie, Tina						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$4,125.00	1613 Brackenridge St						
		Austin, TX 78704						
	PURPOSE 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 Staff Rental for Legislative Session						
		Stall Northal 161 Edgislative edector						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol							

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/19 Rpt: 11/23	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	02/14/2023	Cynthia Reyes-Revilla Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 8880
		Houston, TX 77249-8880
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Campaign Donation
		Campaign Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/14/2023	Emmanuel Guerrero Campaign
H	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1039 Willow Oaks Cir
		Pasadena, TX 77506
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Campaign Donation
		Campaign Bondaon
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/08/2023	Fenolio Boot Co.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$541.90	101 Clay St.
		Nocona, TX 76255
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Gift
		Stan Gill
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Leg	/Awards/Memorials E) al Services			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
				e Instruction Guid	ae expiains n	low to cor	npie	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 9/19 Rpt: 12/23	ا	Morales, Chris	tina (The Hond	orable)					00083199		
4	Date	5	Payee name									
	01/23/2023	l	Hernandez, M	elissa								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$295.36	(6960 Rustic S	reet, Suite 107	7							
			Houston, TX 7	7087								
8	PURPOSE	(a) (Category (See C	ategories listed at the	top of this sched	edule)	(b)	Description				
	OF			ent/Reimburse		´		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		. ,					Check if Austin,	, TX,	officeholder living	g expense	
										-	Decorations, 0	Office
								Supplies, Pos	staç	ge		
9	Complete ONLY if direct		andidate/Officeh	older name	Of	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/09/2023		Hernandez, M	elissa								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$112.05	(6960 Rustic S	reet, Suite 107	7							
			Houston, TX 7	7087								
	PURPOSE	(a) (Category (See C	ategories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ent/Reimburse				Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITORE							ш		officeholder living		
								Reimburseme	ent	for Postage	and Event Sh	irts
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Office	older name	Of	ffice sou	ght			Office he	eld	
	experience to benefit Gree											
	Date	ı	Payee name									
	04/24/2023	l	Hernandez, M	elissa								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$491.88	(6960 Rustic S	reet, Suite 107	7							
			Houston, TX 7	7087								
	PURPOSE	(a) (Category (See C	ategories listed at the	top of this sched	edule)	(b)	Description				
	OF EXPENDITURE		Loan Repaym	ent/Reimburse	ment						plete Schedule T.	
	EXPENDITORE							—		officeholder living		
											eniors, Easter	Treats give
								aways in Dist	ııcl	•		
	Complete ONLY if direct		andidate/Officeh	older name	Of	ffice sou	ght			Office he	eld	
L	expenditure to benefit C/OI	H 										
l												

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 Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Service	emorials Expense s etion Guide explai		Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 10/19 Rpt: 13/23		Morales, Christina (T	ne Honorable)					00083199		,
4	Date	5	Payee name				•				
	03/09/2023		Holly For Houston								
6	Amount (\$)	7	Payee address; City	r; Sta	ate; Zip Co	de					
	\$250.00		P.O. Box 440544								
			Houston, TX 77244								
8	PURPOSE	(a)	Category (See Categories	isted at the ton of this	schedule)	(b)	Description				
	OF		Contributions/Donation		301104410)		_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Candidate/Officehold	er/Political Cor	nmittee		—		officeholder living	expense	
							Campaign Do	na	tion		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder n	ame	Office sou	ght			Office he	eld	
	Date		Payee name								
	02/27/2023		Houston Community	College Found	ation						
	Amount (\$)	\vdash	Payee address; City		ate; Zip Co	de					
	\$525.00		3100 Main	,	,p						
	¥3_3.33		Suite 12B12, MC 114	8							
				O							
		L.	Houston, TX 77002								
	PURPOSE OF	(a)	Category (See Categories		schedule)	(b)	Description	tai	do of Toyon Com	nlata Cabadula T	
	EXPENDITURE		Contributions/Donation Candidate/Officehold		nmittaa		=		officeholder living	plete Schedule T. expense	
			Candidate/Officeriold	ei/Foilticai Coi	iiiiiiiiiiee		Donation	,			
	Complete ONLY if direct		Candidate/Officeholder n	ame	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	06/20/2023		Identity Plus LLC								
	Amount (\$)		Payee address; City	r; Sta	ate; Zip Co	de					
	\$727.72		3205 Harrisburg		,						
			Houston, TX 77003								
	PURPOSE	(a)	Category (See Categories	isted at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Printing Expense	·	,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE								officeholder living	expense	
							Event Mercha	and	ise		
						<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder n	ame	Office sou	ght			Office he	eld	

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/Officenoider/Politica 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: 11/19 Rpt: 14/23	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	06/03/2023	Joaquin Martinez Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	7939 Glenscott St
		Houston, TX 77061
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Campaign Donation
		Campaigh Bohaton
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	01/19/2023	Jonathan Estrada Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1608 Marlock Ln
		Pasadena, TX 77502
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Campaign Donation
		Campaigh Bohaton
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	05/10/2023	Las Ofrendas
	Amount (\$)	Payee address; City; State; Zip Code
	\$491.30	18013 Maxa Dr
		Manor, TX 78653
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Mothers Day Lapel Pins for Colleagues and
		Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	·	

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 Candidate/Officeholder/Politica Credit Card Payment		
⊢		· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 12/19 Rpt: 15/23	Morales, Christina (The Honorable) 00083199	
4	Date	5 Payee name	_
	01/18/2023	Legislative Study Group	
Ļ			_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 12943	
		Austin, TX 78711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Annual Dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
L			_
	Date	Payee name	
	01/07/2023	M.D Anderson YMCA	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	705 Cavalcade St	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		H TV 77000	
		Houston, TX 77009	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Event Sponsor	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to benefit C/O		
	Date	Payee name	
	01/18/2023	MacKzum, Isaac	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	3211 Hampton Rd	
	φ300.00	3211 Hampton Nu	
		Austin, TX 78705	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Support	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
H			_

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 Committ

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/19 Rpt: 16/23	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	03/10/2023	MacKzum, Isaac
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	3211 Hampton Rd
		Austin, TX 78705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Transportation Stipend
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	03/10/2023	MacKzum, Isaac
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,684.15	3211 Hampton Rd
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Travel to Capitol Office
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/14/2023	Mario Castillo Campaign
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 56386
		Houston, TX 77256
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaign Bonation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/19 Rpt: 17/23	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	06/15/2023	Mi Familia Vota
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	7500 Bellaire Blvd
		Houston, TX 77036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2023	NAELO
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1415 N. Loop West Fwy,
	Φ150.00	
		Ste. 1020
		Houston, TX 77008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event Ticket
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit eyes	
	Date	Payee name
	05/10/2023	North Italia
	Amount (\$)	Payee address; City; State; Zip Code
	\$161.46	500 W 2nd St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Staff Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries The Instruction Guide explains how to o	/Wage	s/Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	12	FILER NAME		3 Filer ID (Ethics Commission Filers)					
_	Sch: 15/19 Rpt: 18/23	_	Morales, Christina (The Honorable)	00083199						
1	Date	5	Payas nama							
-			Payee name							
	05/18/2023		Office Depot							
6	Amount (\$)	7	Payee address; City; State; Zip C	Code						
	\$36.52	l	6888 Gulf Fwy							
		l	#300							
		l	Houston, TX 77087							
_	DUDDOCE	(2)	·	(1-)						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Taylor Complete Cabadule T					
	EXPENDITURE	l	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		l			Office Supplies for State Office					
		l			Cinico Cappinos for Claus Cinico					
_		L		1	25.					
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ought	Office held					
	Date		Payee name							
	06/30/2023		Penthouse Condominiums							
	Amount (\$)	┢	Payee address; City; State; Zip 0	`nde						
	\$700.00	l		Jouc						
	\$700.00	l	1212 Guadalupe St							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	l	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.					
	LAFENDITORE	l			X Check if Austin, TX, officeholder living expense					
					Austin Housing HOA Fees					
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ought	Office held					
	Date		Payee name							
	05/30/2023		Penthouse Condominiums							
				Nl -						
	Amount (\$)		Payee address; City; State; Zip C	Code						
	\$700.00		1212 Guadalupe St							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF	``	Office Overhead/Rental Expense	'	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	l			Check if Austin, TX, officeholder living expense					
					Austin Housing HOA Fees					
	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	Office held					
	expenditure to benefit C/O			5 -						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	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: 16/19 Rpt: 19/23	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	03/02/2023	Pirtle, Tammy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$496.33	8004 Red Willow Dr.
		Austin, TX 78736
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Lunch for Austin High School Students
		Eurich für Austin High School Students
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	01/25/2023	Richard Cantu Campaign
-	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 91334
	7 200.00	
		Houston, TX 77291
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Campaign Donation
	Opening the ONE Wife Bloom	Out in the 10ff rate to 11
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Data	
	Date 01/23/2023	Payee name State Preservation Board
	Amount (\$) \$130.00	Payee address; City; State; Zip Code 201 E 14th St
	φ130.00	
		#950
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TV Installation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	category not listed abo	ove)
Credit Card Payment				The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 17/19 Rpt: 20/23		Morales, Ch	ristina (The Ho	norable)					00083199		
4	Date	5	Payee name									
	05/04/2023		Texas Gulf (Coast Area Lab	or Federati	on						
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$1,000.00		2506 Suther	rland St								
			Houston, TX	77023								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		icuaic)		_ :	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		Candidate/C	Officeholder/Pol	itical Comm	nittee		_		officeholder living	g expense	
								Event Sponso	or			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	(Office sou	ght			Office h	eld	
		_										
	Date	ı	Payee name									
	02/03/2023		Texas Hous	e LGBTQ Cau	cus							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$800.00		1100 S Con	gress Ave								
			Austin, TX 7	'8704								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M	,						plete Schedule T.	
			Candidate/C	Officeholder/Pol	itical Comm	nittee		Annual Dues		officeholder living		
								7 ii ii dai Dacs		22 ana 2020		
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	aht			Office he	eld	
	expenditure to benefit C/OI						5					
_	Date		Payee name									
	02/27/2023	ı	-	en's Health Ca	ucus							
	Amount (\$)	_				; Zip Co	do					
	\$500.00	ı	Payee address 1100 Congre		State	, Ζιρ Co	ue					
	Ψ500.00		1100 Congr	ess Ave								
			Augtin TV 3	70701								
			Austin, TX 7									
	PURPOSE OF			e Categories listed at		nedule)	(b)	Description	outci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Pol		nittee		ш		officeholder living		
								Annual Memb	ber	Dues		
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
ı												

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Mem Legal Services		Sal		ages	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
		_		The Instruction	n Guide exp	oiains how	to con	nple	ete tnis form.	_		
1	Total pages Schedule F1:	1								3	Filer ID	(Ethics Commission Filers)
	Sch: 18/19 Rpt: 21/23	┝	Morales, Ch	ristina (The	Honorable	e)					00083199	
4	Date	1	Payee name									
	05/30/2023		The Texas E	nergy and	Climate C	aucus						
6	Amount (\$)	7	Payee addres	s; City;		State; Zi	р Сос	de				
	\$200.00		P.O. Box 30	1074								
			Austin, TX 7	97 0 2								
<u>_</u>	DUDDOS-	├					1.	/I- \				
8	PURPOSE OF		Category (Se) ((b)	Description			
	EXPENDITURE		Contribution Candidate/C						=		de of Texas. Con officeholder livin	nplete Schedule T.
			Cariuluale/C	incendidel/	ronnicai C	ommuee			Annual Dues	, , , ,	S.IIOGIIOIUGI IIVIII	g oxposido
_	Complete ONLY if direct		andidata/Offi	oholder see	0	Office	0.0000	nh+			Office h	vold
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolaer nam	E	OTTICE	e soug	JIIL			Onice h	leiu
L												
	Date		Payee name									
	01/25/2023		The Walk fo	r Mental Aw	areness F	Houston						
	Amount (\$)		Payee addres	s; City;		State; Zi	р Сос	de				
	\$2,500.00		Weber St									
			Unit 1618									
			Houston, TX	77007								
	DUDDOS-	 					Ι.	/I- \				
	PURPOSE OF		Category (Se) [(a)	Description	oute:	do of Toyon Com	mploto Schodulo T
	EXPENDITURE		Contribution Candidate/C						-		officeholder livin	mplete Schedule T. na expense
			Candidate/C	miceriolael/	i unital C	Johnnille			Event Spons			9 - p
									poo.			
\vdash	Complete ONLY if direct		andidate/Offic	eholder nam	<u>e</u>	Office	e soug	thr			Office h	eld
	expenditure to benefit C/OI		andudic/OIII	onoluci nam	•	Onice	o oouy	J111			Onice II	ioia
_		1										
	Date	1	Payee name									
L	06/26/2023		United Airlin	es 								
	Amount (\$)		Payee addres	s; City;		State; Zi	p Coc	de				
	\$509.70		233 S. Wac	ker Drive								
			Chicago, IL	60606								
	PURPOSE	(a)	Category (Se	e Categories liste	d at the top of	this schedule) ((b)	Description			
	OF EXPENDITURE		Travel Out of		-1				X Check if travel			•
	EXPENDITURE								_		officeholder livin	
									Air Travel to	NA	LEO Confe	rence
		L										
	Complete ONLY if direct		Candidate/Offic	eholder nam	е	Office	e soug	ght			Office h	eld
	expenditure to benefit C/OI	H										

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/19 Rpt: 22/23	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	06/26/2023	United Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$509.70	233 S. Wacker Drive
		Chicago, IL 60606
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Air Travel to NALEO Conference
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
H	Data	
	Date	Payee name
	05/09/2023	Worley Printing Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$690.75	3217 N Interstate 35
		Austin, TX 78722
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Graduation Certificates for District Graduates
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- P	
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 23/23					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Morales, Christir	a (The Honorable)	00083199					
4 Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee						
United Airlines							
5 Contribution / Expe	enditure reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1					
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC					
6 Dates of Travel	7 Name of person(s) traveling						
Suiss of Hure.	Morales, Christina (Rep.)						
	8 Departure city or name of departure location						
07/10/2023	Houston						
	9 Destination city or name of destination location						
07/10/2023	New York						
10 Means of transport	ation 11 Purpose of travel (including name of conference, seminar, or	other event)					
Commercial Airp		,					
Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee						
United Airlines	or position of Europe or game and the respective of the second						
	enditure reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1					
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC					
Dates of Travel	Name of person(s) traveling Pirtle, Tammy (Ms.)						
07/10/2023	Departure city or name of departure location Houston						
01/10/2020	Destination city or name of destination location						
07/10/2023	New york						
Means of transport	·	other event)					
Commercial Airp		cane. cromy					
,							