CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi	,	2 Total pages	; filed: 30	
		FIDET	00032386				
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
NAME	The Honorable	Geanie W.			Date Received		
						CALLY FILED	
						ONLET TILLD	
	NICKNAME	LAST		SUFFIX	01/16/2024		
		Morrison					
4 CANDIDATE /	ADDRESS / PO BOX; APT		-v·	ZIP CODE	Date Hand-delivere	d or Date Postmarked	
OFFICEHOLDER		/ 30HE #, CH	Ι,	ZIF CODE	Bate Halla delifere		
MAILING	P.O. Box 4642				Receipt #	Amount	
ADDRESS					Receipt #	Amount	
Change of Address	Victoria, TX 77903-4642						
					Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-		
TREASURER	Mr.	Jeffery L.					
NAME		ochery E.					
	NICKNAME	LAST		SUFFIX			
	Jeff	Williams					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE)	ΔΡ	r / SUITE #; CITY;		TATE; ZIP CODE	
TREASURER		BOX FLEASE),		1730ITE#, CITT,	0	TATE, ZIF CODE	
ADDRESS	702 Santa Fe						
(Residence or Business)							
(Residence of Dusiness)	Victoria, TX 77904						
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION				
TREASURER	(361) 676-5300						
PHONE	(301) 010 3300						
8 REPORT TYPE				D	1 A 545 - 14 - 14 - 14		
	X January 15	30th day before	election	Runoff		campaign treasurer officeholder only)	
	July 15	8th day before	election	Exceeded modified	-	Attach C/OH-FR)	
		our day sciole		reporting limit			
9 PERIOD COVERED	Month Day Year			Month Day	Year		
COVERED	07/01/2023	TI	HROUGH	12/31/2023	3		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year		Primary	Runoff	Other		
			General	Special			
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)		
	State Representative Dist	rict 30		State Representa)	
		<u> </u>	TO PAGE 2				
		60	I U FAGE Z				
Forms provided by Te	xas Ethics Commission	www.et	thics.state.tx.u	S	Ve	ersion V3.5.1.0bfcfb67	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 30

13 C / OH NAME	Morrison, Geanie W.	(The Honorable)	14 Filer ID (E 00032386	Ethics Commi	ission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	ures made by political co the candidate's or officel n only if they receive not	holder's know	ledge or						
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
	GENERAL	TEXAS ALLIANCE FOR LIFE							
		COMMITTEE ADDRESS							
	X SPECIFIC	8000 CENTRE PARK DRIVE							
		SUITE 380							
		AUSTIN, TX 78754							
		COMMITTEE CAMPAIGN TREASURER NAME							
		SHAW, JAMES							
		COMMITTEE CAMPAIGN TREASURER ADDRE: 4505 CORAZON CV	SS						
		ROUND ROCK, TX 78681							
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00				
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	2,000.00				
EXPENDITURE TOTALS		\$	0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$	41,364.49				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	273,725.04				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOF	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00				
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
		The Honor:	able Geanie W. Morris	son					
			f Candidate or Officehold	-					
AFFIX NO	FARY STAMP / SEAL AB	UVE							
Sworn to and subso	ribed before me, by the s	aid	, this the		day				
of	, 20, to c	ertify which, witness my hand and seal of office.							
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering	y oath				
Forme provided by Toy	van Ethina Commission	www.ethics.state.ty.us		Marajan MO	5 1 Obfcfb67				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 30 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Morrison, Geanie W. (The Honorable) 00032386 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 2,000.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 38,509.40 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 2,855.09 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 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

MONI	ETARY POLITICAL CONTRIBUTIONS	SCI	HEDULE A1
The Ins	truction Guide explains how to complete this form.	1 Total pages Schedu Sch: 1/1 Rpt: 4/30	
2 FILER NA Morrison	ME , Geanie W. (The Honorable)	3 Filer ID (Ethics Co 00032386	mmission Filers)
4 Date 08/29/20	 Full name of contributor out-of-state PAC (ID#: JUNIOR AND COMMUNITY COLLEGE PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701) 7 Amount of Contribut	tion (\$) \$1,000.00
8 Principal c	accupation / Job title (See Instructions) 9 Employer (Se	e Instructions)	
Date 08/29/20	Full name of contributor out-of-state PAC (ID#:) Amount of Contribut	tion (\$) \$1,000.00
Principal c	ADDISON, TX 75001 occupation / Job title (See Instructions) Employer (Se	e Instructions)	

			EXPENDITURE CATEGO	RIES FOF	R BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor		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: 1/15 Rpt: 5/30		Morrison, Geanie W. (The Honorable)				00032386
4	Date	5	Payee name				
	07/21/2023		BLOOMING ALL SPORTS BOOSTER	CLUB			
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode		
	\$300.00		PO BOX 158				
			BLOOMINGTON, TX 77951				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Advertising Expense	,			side of Texas. Complete Schedule T.
	EXFENDITORE						K, officeholder living expense
					GAME DA	Y PR	OGRAM
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght		Office held
	Date		Payee name				
	09/13/2023		CHISHOLM TRAIL HERITAGE MUSE	UM			
_	Amount (\$)		Payee address; City; State	; Zip Co	ode		
	\$250.00		302 N ESPLANADE ST	, ,			
	\$200.00						
			CUERO, TX 77954				
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations Made By	,	Check if tra	vel outs	side of Texas. Complete Schedule T.
	EXPENDITORE		Candidate/Officeholder/Political Comm	nittee			K, officeholder living expense
					KBH LUNG	CHEC	DN
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight		Office held
-	Date		Payee name				
	07/19/2023		CITI CARD				
	Amount (\$)		Payee address; City; State	; Zip Co	ode		
	\$389.89		PO BOX 78045				
			PHOENIX, AZ 85062				
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Credit Card Payment				side of Texas. Complete Schedule T.
							c, officeholder living expense
					07/23 STM	11	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight		Office held
⊢							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursem Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	Ise Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 2/15 Rpt: 6/30	Morrison, Geanie W. (The Honorable)	00032386							
4	Date 08/15/2023	5 Payee name CITI CARD								
6	Amount (\$) 7 Payee address; City; State; Zip Code PO BOX 78045 PHOENIX, AZ 85062									
8	PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/15/2023	CITI CARD								
	Amount (\$) \$93.69	Payee address; City; State; Zip Code PO BOX 78045 PHOENIX, AZ 85062								
	PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/22/2023	CITI CARD								
	Amount (\$) \$1,496.41	Payee address;City;State;Zip CodePO BOX 78045								
		PHOENIX, AZ 85062								
	PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Sabadula E1		Eiler ID (Ethics Commission Eilers)				
1	Total pages Schedule F1: Sch: 3/15 Rpt: 7/30	2 FILER NAME 3 Morrison, Geanie W. (The Honorable)	B Filer ID (Ethics Commission Filers) 00032386 00032386				
4	Date	5 Payee name					
	12/18/2023	CITI CARD					
6	Amount (\$) \$448.18	7 Payee address; City; State; Zip Code PO BOX 78045 PHOENIX, AZ 85062					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
U	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Image: Check if Austin, TX, officeholder living expense 12/23 STMT						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/25/2023	CUERO CHAMBER					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$50.00	210 E MAIN STREET					
	-	STE A					
		CUERO, TX 77954					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. "X, officeholder living expense S				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/25/2023	CUERO RECORD/YORKTOWN NEWS					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$800.00	PO BOX 351					
		CUERO, TX 77954					
	PURPOSE OF EXPENDITURE		ttside of Texas. Complete Schedule T. 'X, officeholder living expense IGRAMS				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking 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: 4/15 Rpt: 8/30		Morrison, Geanie W. (The Honorable)					00032386		
4	Date 11/13/2023		5 Payee name CUERO RECORD/YORKTOWN NEWS							
6	Amount (\$) \$270.00 7 Payee address; City; State; Zip Code PO BOX 351 CUERO, TX 77954									
8	PURPOSE OF 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 WESTERN DAYS						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ght			Office held		
	Date		Payee name							
	09/15/2023		DE WEBWORKS							
	Amount (\$) Payee address; City; State; Zip Code \$190.83 3901 N MAIN STREET									
			VICTORIA, TX 77901							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense ING		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held		
	Date		Payee name							
	07/30/2023		DEWITT COUNTY REPUBLICAN PAR	TY						
	Amount (\$) \$500.00		Payee address; City; State; 1909 NORTH ESPLANADE STREEET	Zip Co	de					
			CUERO, TX 77954							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	,	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	office sou	ght			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/M	xpense Vages/Contract Labor	Trai Trai Trai	nsportation E vel in District vel Out of Dis	raising Expense quipment & Related Expense trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3 File	er ID	(Ethics Commission Filers)
	Sch: 5/15 Rpt: 9/30		Morrison, Geanie W. (The Honorable)			00	032386	
4	Date	5	Payee name					
	07/09/2023		GOLIAD COUNTY CHAMBER OF CO	MMERC	E			
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	ode			
	\$35.00		PO BOX 606					
			GOLIAD, TX 77963					
8	PURPOSE	(a)			(b) Description			
ľ	OF	(4)	Category (See Categories listed at the top of this sch Advertising Expense	edule)		outside of	Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin,	, TX, offic	eholder living	expense
					MEMBERHIP)		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight		Office he	eld
	Date		Payee name					
	07/19/2023		LAWSON STRATEGIES LLC					
	Amount (\$)		Payee address; City; State;	; Zip Co	ode			
	\$2,775.58		1407 LOST CREED BLVD					
			AUSTIN, TX 78746					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	EXPENDITURE		Consulting Expense		Check if travel of Check if Austin			plete Schedule T.
							enoluer living	expense
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name C	Office sou	l Ight		Office he	eld
	expenditure to benefit C/OI							
_	Date		Payee name					
	08/15/2023		LAWSON STRATEGIES LLC					
	Amount (\$)			; Zip Co	ode			
	\$2,775.58		1407 LOST CREED BLVD	, Zip Cu	Jue			
	φ2,110.00							
			AUSTIN, TX 78746					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Consulting Expense					plete Schedule T.
					Check if Austin,			expense
					AUGUST RE	IAINE	r.	
							0#=- !	.1.4
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	igrit		Office he	eiu.

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		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: 6/15 Rpt: 10/30		Morrison, Geanie W. (The Honorable)				00032386			
4	Date 09/15/2023		5 Payee name LAWSON STRATEGIES LLC							
6	6 Amount (\$) \$2,775.58 7 Payee address; City; State; Zip Code 1407 LOST CREED BLVD AUSTIN, TX 78746									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Image: Consulting Expense Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense SEPTEMBER RETAINER						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	yht		Office held			
	Date		Payee name							
	09/15/2023		LAWSON STRATEGIES LLC							
	Amount (\$) Payee address; City; State; Zip Code \$200.00 1407 LOST CREED BLVD									
	PURPOSE OF EXPENDITURE	(a)	AUSTIN, TX 78746 Category (See Categories listed at the top of this sche Consulting Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense CES			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held			
	Date		Payee name							
	10/09/2023		LAWSON STRATEGIES LLC							
	Amount (\$) \$2,775.58		Payee address; City; State; 1407 LOST CREED BLVD	Zip Co	de					
			AUSTIN, TX 78746							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Consulting Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense AINER			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 7/15 Rpt: 11/30	Morrison, Geanie W. (The Honorable) 00032386								
4	Date 11/07/2023	5 Payee name LAWSON STRATEGIES LLC								
6	5 Amount (\$) 7 Payee address; City; State; Zip Code \$2,775.58 1407 LOST CREED BLVD AUSTIN, TX 78746									
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Image: Consulting Expense Image: Check if travel outside of Texas. Complete Schedule T. Image: Consulting Expense Image: Check if Austin, TX, officeholder living expense NOVEMBER RETAINER									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/06/2023	LAWSON STRATEGIES LLC								
	Amount (\$) Payee address; City; State; Zip Code \$2,775.58 1407 LOST CREED BLVD									
		AUSTIN, TX 78746								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense RETAINER							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/09/2023	MATAGORDA COUNTY REPULICAN PARTY								
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2601 MARGUERITE STREET								
		BAY CITY, TX 77414								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense PICNIC							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 8/15 Rpt: 12/30	Morrison, Geanie W. (The Honorable)	00032386							
4	Date 09/09/2023	Payee name MOVE IT STORAGE								
6	6 Amount (\$) 7 Payee address; City; State; Zip Code 4401 JOHN STOCKBAUER VICTORIA, TX 77904									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 0 Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. 0 Check if Austin, TX, officeholder living expense A131 UNIT									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/09/2023	MOVE IT STORAGE								
	Amount (\$) Payee address; City; State; Zip Code \$564.00 4401 JOHN STOCKBAUER									
	PURPOSE OF EXPENDITURE	outside of Texas. Complete Schedule T. TX, officeholder living expense CT-DEC								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/18/2023	MOVE IT STORAGE								
	Amount (\$) \$183.00	Payee address; City; State; Zip Code 4401 JOHN STOCKBAUER								
		VICTORIA, TX 77904								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		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: 9/15 Rpt: 13/30		Morrison, Geanie W. (The Honorable)				00032386
4	Date	5	Payee name				
	07/09/2023		PLANET HOSTING				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$50.00		3901 N MAIN STREET				
			VICTORIA, TX 77904				
8	PURPOSE	(a)			(b) Description		
ľ	OF	(<i>a</i>)	Category (See Categories listed at the top of this sche Fees	edule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE						officeholder living expense
					DOMAIN NA	ME	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	12/13/2023		SALVATION ARMY				
_	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$900.00		1302 N LOUIS ST	Zip Cu	ue		
	\$900.00		1302 N LOOIS 31				
			VICTORIA, TX 77901				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Comm	ittee			officeholder living expense
					TEEN SAND	~ -	0 TEENS
	Complete ONIL V if direct		Condidate (Office helder norma				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt		Office held
		_					
	Date		Payee name				
	07/01/2023		SAM'S CLUB				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$500.00		9292 N NAVARRO ST				
			VICTORIA, TX 77904				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.
							officeholder living expense
					FOOD FOR I	=VI	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI						

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printi	an Repayment/Reinbursement fice Overhead/Rental Expense lling Expense nting Expense laries/Wages/Contract Labor V to complete this form.		
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 10/15 Rpt: 14/30	lorrison, Geanie W. (The Honorable)	00032386		
4	Date 07/30/2023	ayee name T JOSEPH HIGH SCHOOL			
6	Amount (\$) \$1,300.00	7 Payee address; City; State; Zip Code 110 E RED RIVER VICTORIA, TX 77901			
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) dvertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ALL-SPORTS PROGRAM		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	e sought Office held		
	Date	ayee name			
	12/13/2023	EXAS HOUSE OF REPRESENTATIVE			
	Amount (\$) \$100.00	ayee address; City; State; Zip O BOX 2910	ip Code		
		USTIN, TX 78768	14.		
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AD PHOTOS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	e sought Office held		
	Date	ayee name			
	08/15/2023	EXAS YOUNG REPUBLICANS			
	Amount (\$) \$1,000.00	ayee address; City; State; Zip 15 SOUTH MAIN	ip Code		
		ICTORIA, TX 77901			
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) contributions/Donations Made By candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	e sought Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan R Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor	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:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)	
1	Sch: 11/15 Rpt: 15/30	Iorrison, Geanie W. (The Honorable)		00032386	
4	Date 07/19/2023	ayee name FRW CONVENTION			
6	Amount (\$) \$5,000.00	ayee address; City; State; Zip (113 FLAT CREEK DR RICHARDSON, TX 75080	Code		
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		outside of Texas. Complete Schedule T. TX, officeholder living expense HIP	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	bught	Office held	
	Date	ayee name			
	09/26/2023	HE NAVE MUSEUM			
	Amount (\$) \$250.00	ayee address; City; State; Zip 0 06 W COMMERCIAL ST /ICTORIA, TX 77901	Code		
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense IP CONTRIBUTION	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	bught	Office held	
	Date	ayee name			
	10/10/2023	J. S. POSTAL SERVICE			
	Amount (\$) \$210.00	ayee address; City; State; Zip 0 804 SAM HOUSTON DR	Code		
		ICTORIA, TX 77904	İre		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. . TX, officeholder living expense NNUAL	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	pught	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	E FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 12/15 Rpt: 16/30	Morrison, Geanie W. (The Honorable)	00032386		
4	Date 07/09/2023	Payee name VICTORIA ADVOCATE			
6	Amount (\$) \$640.00	Payee address; City; State; Zip Code 101 W GOODWIN VICTORIA, TX 77901			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense PREPAREDNESS		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	08/15/2023	VICTORIA ADVOCATE			
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 101 W GOODWIN			
	PURPOSE	VICTORIA, TX 77901 a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense Y-DON'T DRINK & DRIVE		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/15/2023	VICTORIA ADVOCATE			
	Amount (\$) \$640.00	Payee address;City;State;Zip Code101 W GOODWIN			
		VICTORIA, TX 77901			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense 23		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 13/15 Rpt: 17/30		Morrison, Geanie W. (The Honorable)				00032386	· · · · ·
4	Date	5	Payee name					
	10/27/2023		VICTORIA ADVOCATE					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$100.00		101 W GOODWIN					
			VICTORIA, TX 77901					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description			
	OF		Advertising Expense	cuuic)		outs	ide of Texas. Comp	lete Schedule T.
	EXPENDITURE		5				, officeholder living	
					LABOR DAY	-D(ON'T DRINK	AND DRIVE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office hel	d
	Date		Payee name					
	11/13/2023		VICTORIA ADVOCATE					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$640.00		101 W GOODWIN	•				
			VICTORIA, TX 77901					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)		n, TX	ide of Texas. Comp , officeholder living (२	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	ght		Office hel	ld
	Date		Payee name					
	09/15/2023		VICTORIA CHAMBER OF COMMERC	E				
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$50.00		PO BOX 2465	·				
			VICTORIA, TX 77902					
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Food/Beverage Expense				side of Texas. Comp	
							C, officeholder living (
L		Ľ	andidata/Officahaldar name)ffice car	sht		Office bet	d
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jur		Office hel	u
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services	e Expense emorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of District	oment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)
	Sch: 14/15 Rpt: 18/30		Morrison, Geanie W.	(The Honorable)				00032386	
4	Date 09/25/2023	5	Payee name VICTORIA CHAMBEF	R OF COMMERC	E				
6	Amount (\$) \$50.00	7	Payee address; City PO BOX 2465	; State;	Zip Coo	le			
			VICTORIA, TX 77902						
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categories li} Food/Beverage Expe		edule)	Check if Austir	n, TX,	ide of Texas. Complete , officeholder living exp ON-RODRIGU	pense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder na	ume C	Office soug	ht		Office held	
	Date		Payee name						
	11/13/2023		VICTORIA CHAMBER	R OF COMMERC	E				
	Amount (\$)		Payee address; City	; State;	Zip Coo	le			
	\$155.00		PO BOX 2465	, ,					
			VICTORIA, TX 77902						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories li Fees	sted at the top of this sche	edule)		ı, TX,	ide of Texas. Complete , officeholder living exp	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder na	ume C	Office soug	ht		Office held	
	Date		Payee name						
	12/06/2023		VICTORIA CHAMBER	R OF COMMERC	E				
	Amount (\$)		Payee address; City	; State;	Zip Coo	le			
	\$25.00		PO BOX 2465						
			VICTORIA, TX 77902						
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categories I} Food/Beverage Expe		edule)		n, TX,	ide of Texas. Complete , officeholder living exp INCHEON	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder na	ime C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:		3 Filer ID (Ethics Commission Filers)		
-	Sch: 15/15 Rpt: 19/30	Morrison, Geanie W. (The Honorable)	00032386		
4	Date 07/21/2023	5 Payee name VICTORIA EAST TITAN FOOTBALL PROGRAM			
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO BOX 7517 VICTORIA, TX 77903			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense PROGRAM		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	11/13/2023	VICTORIA SYMPHONY			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,500.00	405 E LOMA VISTA VICTORIA, TX 77901			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense RI		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	07/09/2023	WEST WARRIOR FOOTBALL BOOSTER CLUB			
	Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 5617			
		VICTORIA, TX 77903			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Event Expense Polling Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 1/11 Rpt: 20/30	Morrison, Geanie W. (The Honorable)	00032386			
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
5 Date 11/30/2023	6 Payee name AUSTIN LAND & CATTLE				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
\$177.99	1205 N LAMAR BLVD				
9 TYPE OF	AUSTIN, TX 78703				
EXPENDITURE	X Political Non-Political				
10 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense CONSTITUENT			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
Date 07/01/2023	Payee name EVENT BRIGHT (TEXAS FEDERATION)				
Amount (\$) \$204.77	Payee address; City; State; Zip Code 95 THIRD ST 2ND FLOOR SAN FRANCISCO, CA 94103				
TYPE OF EXPENDITURE	X Political Non-Political				
PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense DN TICKETS			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	L L Candidate/Officeholder name Office sought H	Office held			

	EXPENDITURES MADE BY CREDIT CARD				
				SCHEDULE F4	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expens '- Gift/Awards/Memorials I I Committee Legal Services		teimbursement Solicitation/Fundraising Expense ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ntract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F4: Sch: 2/11 Rpt: 21/30	2 FILER NAME Morrison, Geanie W. (The H	lonorable)	3 Filer ID (Ethics Commission Filers) 00032386	
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHAF	RGED TO A CREDIT C	CARD \$	
5	Date 08/18/2023	6 Payee name FOSSATIS DELICATESSE	N		
7	Amount (\$) \$26.76	8 Payee address; City; 302 S MAIN	State; Zip Code		
9	TYPE OF EXPENDITURE	VICTORIA, TX 77901	Non-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th Food/Beverage Expense		Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense UNCH FOR STAFF	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held	
	Date 07/01/2023	Payee name GOOGLE			
	Amount (\$) \$2.12	Payee address; City; 1600 AMPHITHEATRE PAF	State; Zip Code RKWAY		
		MOUNTAIN VIEW, CA 9404	13		
	TYPE OF EXPENDITURE	X Political	Non-Political		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th Office Overhead/Rental Exp	ense	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TORAGE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held	

EXPENDITURES MADE BY CREDIT CARD				
	S MADE BY CREDIT CARI	U	SCHEDULE F4	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B	Fees Food/Beverage Expense	ES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District	
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)	
1 Total pages Schedule F4: Sch: 3/11 Rpt: 22/30	2 FILER NAME Morrison, Geanie W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00032386	
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A	CREDIT CARD	\$	
5 Date 07/10/2023	6 Payee name GOOGLE		I	
7 Amount (\$) \$2.12	8 Payee address; City; State; 1600 AMPHITHEATRE PARKWAY	Zip Code		
	MOUNTAIN VIEW, CA 94043			
9 TYPE OF EXPENDITURE	X Political N	Ion-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		fice sought	Office held	
Date 08/10/2023	Payee name GOOGLE			
Amount (\$) \$2.12	Payee address; City; State; 1600 AMPHITHEATRE PARKWAY	Zip Code		
	MOUNTAIN VIEW, CA 94043			
TYPE OF EXPENDITURE	X Political N	Ion-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T. I, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		fice sought	Office held	

EXPENDITURES MADE BY CREDIT CARD				
	ES MADE BY CREDI	I CARD		SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Ex al Committee Legal Services	Office Ov Polling E pense Printing E Salaries/	bayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guid	e explains how to co	omplete this form.	
1 Total pages Schedule F4: Sch: 4/11 Rpt: 23/30	Morrison, Geanie W. (The Ho	norable)		3 Filer ID (Ethics Commission Filers) 00032386 00032386
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARC	GED TO A CRE	EDIT CARD	\$
5 Date 10/10/2023	6 Payee name GOOGLE			
7 Amount (\$) \$2.12	8 Payee address; City; 1600 AMPHITHEATRE PARK	State; Zip C KWAY	ode	
	MOUNTAIN VIEW, CA 94043	3		
9 TYPE OF EXPENDITURE	X Political	Non-Po	itical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Office Overhead/Rental Expe			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name H	Office so	l Jght	Office held
Date 11/10/2023	Payee name GOOGLE			
Amount (\$) \$2.12	Payee address; City; 1600 AMPHITHEATRE PARK	State; Zip C KWAY	ode	
	MOUNTAIN VIEW, CA 94043	3		
TYPE OF EXPENDITURE	X Political	Non-Po	itical	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the I Office Overhead/Rental Expe			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office so	ught	Office held

	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4				
L					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense - Gift/Awards/Memorials Exp I Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 5/11 Rpt: 24/30	Morrison, Geanie W. (The Ho	norable)	00032386	
4		ZED EXPENDITURES CHARC	GED TO A CREDIT CARD	\$	
5	Date 08/12/2023	6 Payee name HEB			
7	Amount (\$) \$27.35	8 Payee address; City; 6106 N NAVARRO	State; Zip Code		
9	TYPE OF EXPENDITURE	VICTORIA, TX 77904	Non-Political		
10) PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Food/Beverage Expense	Check if trav	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense JPPLIES	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held	
Γ	Date 10/10/2023	Payee name HOTELBOOKINGSERVICE			
	Amount (\$) \$15.99	Payee address; City; 4700 W DAYBREAK PKWY STE 100N SOUTH JORDAN, UT 84009	State; Zip Code		
	TYPE OF EXPENDITURE	X Political	Non-Political		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Food/Beverage Expense	Check if trav	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ION HOTEL	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held	

EXPENDITURI	ES MADE BY CREDIT	CARD	SCHEDULE F4	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense ense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	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 F4: Sch: 6/11 Rpt: 25/30	2 FILER NAME Morrison, Geanie W. (The Hon	norable)	3 Filer ID (Ethics Commission Filers) 00032386	
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	ED TO A CREDIT CARD	\$	
5 Date 10/10/2023	6 Payee name HOTELBOOKINGSERVICE			
7 Amount (\$) \$712.88	8 Payee address; City; 4700 W DAYBREAK PKWY STE 100N SOUTH JORDAN, UT 84009	State; Zip Code		
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Event Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ON HOTEL	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held	
Date 07/27/2023	Payee name HUVARS ARTISAN			
Amount (\$) \$79.22	Payee address; City; 110 W JUAN LINN	State; Zip Code		
	VICTORIA, TX 77901			
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense R STAFF	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held	

EXPENDITUR	SCHEDULE F4			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense /- Gift/Awards/Memorials Expense Il Committee Legal Services	GORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	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 F4: Sch: 7/11 Rpt: 26/30	2 FILER NAME Morrison, Geanie W. (The Honoral	ole)	3 Filer ID (Ethics Commission Filers) 00032386	
⁴ TOTAL OF UNITEMI	IIZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
5 Date 10/21/2023	6 Payee name JASON'S DELI			
7 Amount (\$) \$628.75	5301 N NAVARRO	state; Zip Code		
9 TYPE OF EXPENDITURE	VICTORIA, TX 77904	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Contributions/Donations Made By Candidate/Officeholder/Political Co	ommittee Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense EVENT-VICTORIA CO REPUBLICAN	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held	
Date 07/03/2023	Payee name MOVE IT STORAGE			
Amount (\$) \$183.00	4401 JOHN STOCKBAUER	State; Zip Code		
TYPE OF EXPENDITURE	VICTORIA, TX 77904	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held	

	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		Loan Rep Office Ov Polling Ex e Printing E Salaries/V	ayment/Reimbursement rrhead/Rental Expense pense xpense Vages/Contract Labor	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 F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 27/30	Morrison, Geanie W. (The Honor	able)		00032386
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHARGE	D TO A CRE	DIT CARD	\$
5	Date	6 Payee name			
	08/01/2023 Amount (\$)		State; Zip Co	udo.	
ľ	\$183.00	8 Payee address; City; 4401 JOHN STOCKBAUER	State, Zip Ct	ue	
		VICTORIA, TX 77904			
9	TYPE OF EXPENDITURE	X Political	Non-Pol	tical	
10) PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Office Overhead/Rental Expense			outside of Texas. Complete Schedule T. , TX, officeholder living expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held
	Date 08/16/2023	Payee name OFFICE DEPOT			
	Amount (\$) \$37.46	Payee address; City; 5106 N NAVARRO	State; Zip Co	de	
		VICTORIA, TX 77904			
	TYPE OF EXPENDITURE	X Political	Non-Pol	tical	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Office Overhead/Rental Expense			outside of Texas. Complete Schedule T. , TX, officeholder living expense PPLIES
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name I	Office sou	ght	Office held

	EXPENDITURE	ES MADE BY CREDI	T CARD		SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	Event Expense Fees Food/Beverage Expense /- Gift/Awards/Memorials Ex	Office Ov Polling E pense Printing E Salaries/	bayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Total pages Schedule F4: Sch: 9/11 Rpt: 28/30	2 FILER NAME Morrison, Geanie W. (The Ho	norable)		3 Filer ID (Ethics Commission Filers) 00032386
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARC	GED TO A CRE	EDIT CARD	\$
	Date 11/12/2023	6 Payee name SAM'S CLUB			
7	Amount (\$) \$268.07	8 Payee address; City; 9292 N NAVARRO ST	State; Zip C	ode	
9	TYPE OF EXPENDITURE	VICTORIA, TX 77904	Non-Pol	litical	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Contributions/Donations Made Candidate/Officeholder/Politic	е Ву	Check if Austin	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense EVENT-VICTORIA CO. REPUBLICAN
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ught	Office held
	Date 10/16/2023	Payee name TARGET			
	Amount (\$) \$111.51	Payee address; City; 7608 ZAC LENTZ PKWY	State; Zip Co	ode	
_	TYPE OF	VICTORIA, TX 77904			
	EXPENDITURE	X Political	Non-Pol		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the I Office Overhead/Rental Expe			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense PPLIES
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ught	Office held

	EXPENDITURES MADE BY CREDIT CARD				SCHEDULE F4
\mid	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp	Office Ove Polling Ex pense Printing E Salaries/V	ayment/Reimbursement erhead/Rental Expense pense xpense /ages/Contract Labor	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 F4: Sch: 10/11 Rpt: 29/30	2 FILER NAME Morrison, Geanie W. (The Ho	norable)		3 Filer ID (Ethics Commission Filers) 00032386
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHARC	GED TO A CRE	DIT CARD	\$
	08/04/2023	6 Payee name THE PUMPHOUSE			
7	Amount (\$) \$107.82	8 Payee address; City; 1201 W STAYTON	State; Zip Co	de	
9	TYPE OF EXPENDITURE	VICTORIA, TX 77901	Non-Poli	tical	
10		(a) Category (See Categories listed at the t Food/Beverage Expense	top of this schedule)		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense R STAFF
11	L Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name H	Office sou	ght	Office held
	Date 07/26/2023	Payee name THE WATER WELL CAF			
	Amount (\$) \$54.76	Payee address; City; 215 S MAIN	State; Zip Co	de	
	TYPE OF	VICTORIA, TX 77901			
	EXPENDITURE	X Political	Non-Poli		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Food/Beverage Expense	top of this schedule)		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense R STAFF
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held

EXPENDITURES MADE BY CREDIT CARD				
EXPENDITOR	S MADE BY CREDIT CARD	SCHEDULE F4		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Fees GoldBeverage Expense Gift/Awards/Memorials Expense Committee Eegal Services Event State Contract Labor The Instruction Guide explains how to complete this form.	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 F4: Sch: 11/11 Rpt: 30/30		B Filer ID (Ethics Commission Filers) 00032386 00032386		
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD	5		
5 Date 10/14/2023	6 Payee name WESTIN HOTELS			
7 Amount (\$) \$25.16	8 Payee address; City; State; Zip Code 400 W LAS COLINAS BLVD			
9 TYPE OF	IRVING, TX 75039			
EXPENDITURE 10 PURPOSE	X Political Non-Political			
OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense J HOTEL		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		