### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to con	plete this form.	1 Filer ID (Ethics Commi 00083199	,	<ol> <li>Total pages fil</li> <li>3</li> </ol>	
3 CANDIDATE /	MS/MRS/MR	FIRST		MI		JSE ONLY
OFFICEHOLDER	The Honorable	Christina				
NAME		ormound			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
	NORMANIE			30111		
		Morales				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivered of	r Date Postmarked
OFFICEHOLDER	2901 Canal St.					
MAILING	2001 Ound Ot.				Receipt #	Amount
ADDRESS						
Change of Address	Houston, TX 77003				Date Processed	
					Date Flocessed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Graciela G.				
	NICKNAME	LAST		SUFFIX		
		Saenz				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	5503 Lawndale St.	<i>,</i> .				
ADDRESS	cooo Lamidale ol.					
(Residence or Business)						
	Houston, TX 77023					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
TREASURER PHONE	(281) 888-4409					
FILONE						
8 REPORT						
TYPE	X January 15	30th day befor	e election	Runoff	15th day after car	mpaign treasurer
					appointment (offic	
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit	3	
9 PERIOD	Month Day Yea	ir		Month Day	Year	
COVERED	07/01/2023		HROUGH	12/31/2023		
	01/01/2023	1		12/31/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	ır XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
			Contra			
				•		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative D	istrict 145		State Representa	ative District 145	
		GO '	TO PAGE 2			
<u> </u>						
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Vers	ion V3.5.1.0bfcfb67

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

Morales, Christina (The Honorable)

13 C / OH NAME

#### FORM C/OH COVER SHEET PG 2 2 of 39

(Ethics Commission Filers)

14 Filer ID

2.       TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$ 16,275,0         EXPENDITURE TOTALS       3.       TOTAL UNITEMIZED POLITICAL EXPENDITURES       \$ 0,0         4.       TOTAL POLITICAL EXPENDITURES       \$ 46,422,7         BALANCE       \$ 46,622,7         CONTRIBUTION BALANCE       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE       \$ 35,603,4         OUTSTANDING LOAN TOTALS       6.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY       \$ 5,000,0         17 AFFIDAVIT       I Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.       The Honorable Christina Morales         Signature of Candidate or Office holder       Signature of Candidate or Office holder       day         of			0	00083199	
Additional Page     COMMITTEE TYPE     COMMITTEE ADDRESS     GENERAL     COMMITTEE ADDRESS     SPECIFIC     COMMITTEE CAMPAIGN TREASURER NAME     S	FROM POLITICAL	candidate / officeholder.	These expenditures may have been made without the c	andidate's or officeholde	r's knowledge or
COMMITTEE ADDRESS      COMMITTEE ADDRESS      COMMITTEE CAMPAIGN TREASURER NAME      COMMITTEE CAMPAIGN TREASURER ADDRESS      COMMITTEE      COMMITTEE CAMPAIGN TREASURER ADDRESS      COMMITTEE CAMPAIGN TREASURER ADDRESS      COMMITTEE      COMMITTEE CAMPAIGN TREASURER ADDRESS      COMMITTEE      COMMITTEE CAMPAIGN TREASURER ADDRESS      COMMITTEE      CO					
COMMITTEE CAMPAIGN TREASURER NAME     COMMITTEE CAMPAIGN TREASURER NAME     COMMITTEE CAMPAIGN TREASURER ADDRESS     COMMITTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)     Source TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     SOURCE OF THE REPORTING FERIOD     CONSTANDING LOANS AS OF THE LAST DAY OF THE AS 5,000,0      TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE S, 5,000,0      TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE S, 5,000,0      TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE S, 5,000,0      TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE S, 5,000,0      TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE S, 5,000,0      TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE S, 5,000,0      TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     SOURCE ADDRESS     SUBMATION OF THE REPORTING FERIOD     SUBAL ADDRES     SUBMATION OF THE REPORTING FERIOD     SUBAL ADDRES     SUBMATION OF THE REPORTING FERIOD     SUBLAR ADDRESS     SUBMATION OF THE REPORTING FERIOD     SUBMATION OF T		GENERAL			
COMMITTEE CAMPAIGN TREASURER NAME     COMMITTEE CAMPAIGN TREASURER ADDRESS     COMMITTEE CAMPAIGN TREASURER ADDRES			COMMITTEE ADDRESS		
COMMITTEE CAMPAIGN TREASURER ADDRESS     COMMITTEE CAMPAIGN TREASURER ADDRESS     CONTRIBUTION     1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS,      OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)     S     100     CONTRIBUTION     1 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS)     S     16.275.0     CONTRIBUTION     1 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS)     S     16.275.0     CONTRIBUTION     1 TOTAL POLITICAL CONTRIBUTIONS MADE ELECTRONICALLY)     S     16.275.0     CONTRIBUTION     1 TOTAL POLITICAL EXPENDITURES     S     0.0     CONTRIBUTION     1 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S     35.003.4     CONTRIBUTION     5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S     5.000.0     CONTRIBUTION     5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE     S     5.000.0     CONTRIBUTION     5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     S     5.000.0     CONTRIBUTION     5 TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY     S     5.000.0     CONTRIBUTION     S     CONTRIBUTION     CONTRIBUTION     S     CONTRIBUTION     S     CONTRIBUTION     S     CONTRIBUTION     CONTRET     CONTRIBUTION     CON		SPECIFIC			
18 CONTRIBUTION TOTALS       1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)       \$ 0,0         2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$ 16,275,0         2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$ 16,275,0         2. TOTAL UNITEMIZED POLITICAL EXPENDITURES       \$ 0,00         4. TOTAL POLITICAL EXPENDITURES       \$ 0,00         4. TOTAL POLITICAL EXPENDITURES       \$ 46,422,7         BALANCE       5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE       \$ 35,603,4         OUSTANDING LOAN TOTALS       6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY       \$ 5,000,00         17 AFFIDAVIT       I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.         The Honorable Christina Morales         Signature of Candidate or Officeholder         Swon to and subscribed before me, by the said			COMMITTEE CAMPAIGN TREASURER NAME		
TOTALS       OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)       \$       0.0         2.       TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$       16,275.0         EXPENDITURE       3.       TOTAL UNITEMIZED POLITICAL EXPENDITURES       \$       0.0         4.       TOTAL POLITICAL EXPENDITURES       \$       0.0         GONTRIBUTION BALANCE       5.       TOTAL POLITICAL EXPENDITURES       \$       46,422.7         CONTRIBUTION BALANCE       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE       \$       35,603.4         OUTSTANDING LOAN TOTALS       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY       \$       5,000.0         17 AFFIDAVIT       I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.			COMMITTEE CAMPAIGN TREASURER ADDRESS		
TOTALS       OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)       \$       0.0         2.       TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$       16,275.0         EXPENDITURE       3.       TOTAL UNITEMIZED POLITICAL EXPENDITURES       \$       0.0         4.       TOTAL POLITICAL EXPENDITURES       \$       0.0         GONTRIBUTION BALANCE       5.       TOTAL POLITICAL EXPENDITURES       \$       46,422.7         CONTRIBUTION BALANCE       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE       \$       35,603.4         OUTSTANDING LOAN TOTALS       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY       \$       5,000.0         17 AFFIDAVIT       I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
CONTRENDITURE TOTALS         S         10,273,00           EXPENDITURE TOTALS         3.         TOTAL UNITEMIZED POLITICAL EXPENDITURES         \$         0,00           4.         TOTAL POLITICAL EXPENDITURES         \$         0,00         4.         TOTAL POLITICAL EXPENDITURES         \$         46,422.7           CONTRIBUTION BALANCE         5.         TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD         \$         35,603.4           OUTSTANDING LOAN TOTALS         6.         TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD         \$         5,000.0           17 AFFIDAVIT         I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					0.00
TOTALS       \$       0.00         4.       TOTAL POLITICAL EXPENDITURES       \$       46,422.7         CONTRIBUTION BALANCE       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD       \$       35,603.4         OUTSTANDING LOAN TOTALS       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD       \$       5,000.0         17       AFFIDAVIT       I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.       The Honorable Christina Morales Signature of Candidate or Officeholder         AFFIX NOTARY STAMP / SEAL ABOVE       Sworn to and subscribed before me, by the said				\$	16,275.00
Signature of officer administering       \$ 46,422.7.         Signature of officer administering       \$ 107AL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE       \$ 35,603.4.         OUTSTANDING       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY       \$ 5,000.0.         17 AFFIDAVIT       I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$	0.00
BALANCE       REPORTING PERIOD       \$ 35,603.4         OUTSTANDING LOAN TOTALS       6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD       \$ 5,000.0         17 AFFIDAVIT       I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.       The Honorable Christina Morales Signature of Candidate or Officeholder         AFFIX NOTARY STAMP / SEAL ABOVE       Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.		4. TOTAL POLITIC	CAL EXPENDITURES	\$	46,422.71
LOAN TOTALS       OF THE REPORTING PERIOD       \$ 5,000.01         17 AFFIDAVIT       I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.       I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.         The Honorable Christina Morales       Signature of Candidate or Officeholder         AFFIX NOTARY STAMP / SEAL ABOVE       Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.         Signature of officer administering       Printed name of officer administering         Title of officer administering oath			DAY OF THE \$	35,603.43	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				THE LAST DAY	5,000.00
	17 AFFIDAVIT		true and correct and includes all info		
Signature of Candidate or Officeholder         AFFIX NOTARY STAMP / SEAL ABOVE         Sworn to and subscribed before me, by the said, this the, this the day of, 20, to certify which, witness my hand and seal of office.         Signature of officer administering         Printed name of officer administering         Title of officer administering oath			under Thie 15, Election Code.		
AFFIX NOTARY STAMP / SEAL ABOVE         Sworn to and subscribed before me, by the said, this the, this the day of, 20, to certify which, witness my hand and seal of office.         Signature of officer administering         Printed name of officer administering         Title of officer administering oath					
Sworn to and subscribed before me, by the said, this the, this the, day of, 20, to certify which, witness my hand and seal of office.         Signature of officer administering       Printed name of officer administering       Title of officer administering oath			Signature of Can	ididate or Officeholder	
of, 20, to certify which, witness my hand and seal of office.          Signature of officer administering       Printed name of officer administering       Title of officer administering oath	AFFIX NO	TARY STAMP / SEAL AB	OVE		
Signature of officer administering Printed name of officer administering Title of officer administering oath				this the	day
	of	, 20, to c	ertify which, witness my hand and seal of office.		
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb6	Signature of office	cer administering	Printed name of officer administering	Title of officer admin	nistering oath
	Forms provided by Te	xas Ethics Commission	n www.ethics.state.tx.us	Vers	ion V3.5.1.0bfcfb6

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 3 of 39
18 FILER NAME Morales, Christina (The Honorable)	<b>19</b> Filer ID 00083199	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 16,275.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 40,945.58
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 5,477.13
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 0.67

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/39		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		ristina (The Honorable)			-	00083199	
4	Date	5 Full name of contributor out-of-sta	ate PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/19/2023	Angel, Nory					\$500.00
		6 Contributor address; City; State; Zip Code					
Ļ	Drive treat every	Houston, TX 77023	r				
8	<ul> <li>8 Principal occupation / Job title (See Instructions)</li> <li>9 Employer (See Instructions)</li> <li>President</li> <li>9 American leadership foru</li> </ul>						
				American leadership for			
	Date		ate PAC (ID#:	)		Amount of Contribution (\$)	±100.00
	12/19/2023						\$100.00
		Contributor address; City; State; Zip Code	е				
	Houston, TX 77029						
┝	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Social worke			YMCA	,		
╞	Date	Full name of contributor Out-of-sta	ate PAC (ID#	)		Amount of Contribution (\$)	
	12/20/2023	Beltran, Hector Xavier		/		Allount of Contineation (*)	\$100.00
	10,00,0	Contributor address; City; State; Zip Code					<b>*</b> ±••••••
			C				
		Pasadena, TX 77502					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	)		
	Manager			Morales Funeral Home			
F	Date	Full name of contributor 🔲 out-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	12/19/2023	Campos, Ariana					\$100.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77249		E	<u> </u>		
	Senior Strate	ipation / Job title (See Instructions)		Employer (See Instructions Harris County	)		
╘							
	Date		ate PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 252.00
	12/19/2023	Carrion, Mary Ann					\$250.00
		Contributor address; City; State; Zip Code	е				
		Houston, TX 77262					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Administrato			Harris County	,		
⊢			I	-			

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A: Sch: 2/8 Rpt: 5/39         2 FILER NAME       3 Filer ID (Ethics Comm 00083199)         4 Date       5 Full name of contributor out-of-state PAC (ID#:)       7 Amount of Contribution (         12/29/2023       5 Contribution address; City; State; Zip Code       7 Amount of Contribution (         6 Contribution address; City; State; Zip Code       9 Employer (See Instructions)         President       9 Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         11/11/2023       Full name of contributor out-of-state PAC (ID#:)         Contributor address; City; State; Zip Code       Amount of Contribution (         11/11/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (         11/11/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (         11/23/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (         11/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (         11/23/2023       Full name of contributor       out-of-state PAC (ID#:	mission Filers)
Morales, Christina (The Honorable)       00083199         4       Date 12/29/2023       5       Full name of contributor of contribution (MS.)       Amount of Contribution (MS.)         6       Contributor address; City; State; Zip Code Houston, TX 77019       9       Employer (See Instructions) MH Cavazos Associates       7         8       Principal occupation / Job title (See Instructions) President       9       Employer (See Instructions) MH Cavazos Associates       Amount of Contribution (MSC)         11/11/2023       Full name of contributor is out-of-state PAC (ID#; C00248716) Contributor address; City; State; Zip Code       Amount of Contribution (MSC)         9       Fincipal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (MSC)         11/11/2023       Full name of contributor       is out-of-state PAC (ID#; C00248716)       Amount of Contribution (MSC)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (MSC)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (MSC)         11/23/2023       Full name of contributor is out-of-state PAC (ID#; C00793711)       Amount of Contribution (MSC)         11/23/2023       Full name of contributor is out-of-state PAC (ID#; C00793711)       Amount of Contribution (MSC)         United is projee PAC	n (\$) \$50.00 n (\$) \$1,500.00
Morales, Christina (The Honorable)       00083199         4       Date 12/29/2023       5       Full name of contributor of contribution (MS.)       Amount of Contribution (MS.)         6       Contributor address; City; State; Zip Code Houston, TX 77019       9       Employer (See Instructions) MH Cavazos Associates       7         8       Principal occupation / Job title (See Instructions) President       9       Employer (See Instructions) MH Cavazos Associates       Amount of Contribution (MSC)         11/11/2023       Full name of contributor is out-of-state PAC (ID#; C00248716) Contributor address; City; State; Zip Code       Amount of Contribution (MSC)         9       Fincipal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (MSC)         11/11/2023       Full name of contributor       is out-of-state PAC (ID#; C00248716)       Amount of Contribution (MSC)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (MSC)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (MSC)         11/23/2023       Full name of contributor is out-of-state PAC (ID#; C00793711)       Amount of Contribution (MSC)         11/23/2023       Full name of contributor is out-of-state PAC (ID#; C00793711)       Amount of Contribution (MSC)         United is projee PAC	n (\$) \$50.00 n (\$) \$1,500.00
12/29/2023       Cavazos, Mary Helen (Ms.)         6       Contributor address; City; State; Zip Code         Houston, TX 77019       9         8       Principal occupation / Job title (See Instructions)         President       9         Date       Full name of contributor         11/11/2023       Corncast Corporation & NBC Universal PAC         Contributor address; City; State; Zip Code       Amount of Contribution (         Philadelphia, PA 19103       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Philadelphia, PA 19103       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#: C00793711         Date       Full name of contributor       out-of-state PAC (ID#: C00793711         Onter Information Employee PAC       Contributor address; City; State; Zip Code         Washington, DC 20001       Washington, DC 20001       Amount of Contribution (	\$50.00 n (\$) \$1,500.00
6       Contributor address; City; State; Zip Code         Houston, TX 77019       9         8       Principal occupation / Job title (See Instructions) President       9       Employer (See Instructions) MH Cavazos Associates         Date       Full name of contributor       image: concast Corporation & NBC Universal PAC       Amount of Contribution ( Concast Corporation & NBC Universal PAC         11/11/2023       Contributor address; City; State; Zip Code       Amount of Contribution ( Philadelphia, PA 19103         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#: C00793711         Date       Full name of contributor       out-of-state PAC (ID#: C00793711         Date       Full name of contributor       out-of-state PAC (ID#: C00793711         11/23/2023       Constellation Employee PAC       Amount of Contribution ( Contributor address; City; State; Zip Code         Washington, DC 20001       Washington, DC 20001       Houstor       Houstor	n (\$) \$1,500.00
6       Contributor address; City; State; Zip Code         Houston, TX 77019       Principal occupation / Job title (See Instructions)         President       9         Employer (See Instructions)       MH Cavazos Associates         Date       Full name of contributor is out-of-state PAC (ID#: C00248716 )         11/11/2023       Comcast Corporation & NBC Universal PAC         Contributor address; City; State; Zip Code       Amount of Contribution (         Philadelphia, PA 19103       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#: C00793711 )         Date       Full name of contributor       out-of-state PAC (ID#: C00793711 )         Amount of Contribution (       Constellation Employee PAC       Amount of Contribution (         11/23/2023       Constellation Employee PAC       Amount of Contribution (         Washington, DC 20001       Washington, DC 20001       Houston (	\$1,500.00
B       Principal occupation / Job title (See Instructions) President       9       Employer (See Instructions) MH Cavazos Associates         Date       Full name of contributor (x) out-of-state PAC (ID#: C00248716)) Comcast Corporation & NBC Universal PAC       Amount of Contribution (x) Contributor address; City; State; Zip Code         Philadelphia, PA 19103       Philadelphia, PA 19103       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor (x) out-of-state PAC (ID#: C00793711))         Constellation Employee PAC       Contributor address; City; State; Zip Code         Unit 1/23/2023       Full name of contributor (x) out-of-state PAC (ID#: C00793711))         Amount of Contribution (x)       Amount of Contribution (x)         Unit 2/2/2023       Full name of contributor (x) out-of-state PAC (ID#: C00793711))         Manuart of Contributor address; City; State; Zip Code       Amount of Contribution (x)         Unit 2/2/2023       Full name of contributor (x) out-of-state PAC (ID#: C00793711))         Manuart of Contributor address; City; State; Zip Code       Manuart of Contribution (x)         Washington, DC 20001       Washington, DC 20001       Manuart of Contributor	\$1,500.00
President       MH Cavazos Associates         Date       Full name of contributor (x) out-of-state PAC (ID#; C00248716) Comcast Corporation & NBC Universal PAC       Amount of Contribution (x)         11/11/2023       Concast Corporation & NBC Universal PAC       Amount of Contribution (x)         Contributor address; City; State; Zip Code       Philadelphia, PA 19103       Amount of Contribution (x)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (x)         Date       Full name of contributor [X] out-of-state PAC (ID#; C00793711)       Amount of Contribution (x)         11/23/2023       Constellation Employee PAC       Amount of Contribution (x)         Washington, DC 20001       Washington, DC 20001       Amount of Contribution (x)	\$1,500.00
Date       Full name of contributor       x out-of-state PAC (ID#: <u>C00248716</u> )       Amount of Contribution (         11/11/2023       Comcast Corporation & NBC Universal PAC	\$1,500.00
11/11/2023       Comcast Corporation & NBC Universal PAC         Contributor address; City; State; Zip Code         Philadelphia, PA 19103         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         Indext Output         Constellation Employee PAC         Contributor address; City; State; Zip Code         Washington, DC 20001	\$1,500.00
11/11/2023       Comcast Corporation & NBC Universal PAC         Contributor address; City; State; Zip Code         Philadelphia, PA 19103         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         Indext Output         Constellation Employee PAC         Contributor address; City; State; Zip Code         Washington, DC 20001	\$1,500.00
Contributor address; City; State; Zip Code         Philadelphia, PA 19103         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         11/23/2023         Constellation Employee PAC         Contributor address; City; State; Zip Code         Washington, DC 20001	n (\$)
Philadelphia, PA 19103         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor x out-of-state PAC (ID#: C00793711)       Amount of Contribution (         11/23/2023       Constellation Employee PAC       Contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         Washington, DC 20001       Image: Contributor in the provide state in the provide sta	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       image: out-of-state PAC (ID#: C00793711)       Amount of Contribution (ID#: C00793711)         11/23/2023       Constellation Employee PAC       Contributor address; City; State; Zip Code       Image: Output text of text o	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       image: out-of-state PAC (ID#: C00793711)       Amount of Contribution (ID#: C00793711)         11/23/2023       Constellation Employee PAC       Contributor address; City; State; Zip Code       Image: Output text of text o	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       image: out-of-state PAC (ID#: C00793711)       Amount of Contribution (ID#: C00793711)         11/23/2023       Constellation Employee PAC       Contributor address; City; State; Zip Code       Image: Output text of text o	
Date       Full name of contributor       Image: Out-of-state PAC (ID#:C00793711)       Amount of Contribution (ID#:C00793711)         11/23/2023       Constellation Employee PAC       Contributor address; City; State; Zip Code       Amount of Contribution (ID#:C00793711)         Washington, DC 20001       Washington, DC 20001       Image: Out-of-state PAC (ID#:C00793711)       Image: Out-of-state PAC (ID#:C00793711)	
11/23/2023       Constellation Employee PAC         Contributor address; City; State; Zip Code         Washington, DC 20001	
11/23/2023       Constellation Employee PAC         Contributor address; City; State; Zip Code         Washington, DC 20001	
11/23/2023       Constellation Employee PAC         Contributor address; City; State; Zip Code         Washington, DC 20001	
Contributor address; City; State; Zip Code Washington, DC 20001	
Washington, DC 20001	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (	
12/19/2023 De La Rosa, Brenda	\$250.00
Contributor address; City; State; Zip Code	
Houston, TX 77079	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Self Self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (	
12/05/2023 Elizondo, Eduardo	 1 (\$)
Contributor address; City; State; Zip Code	
Contributor address, City, State, Zip Code	n (\$) \$100.00
Houston TX 77019	
Houston, TX 77019	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

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	The Instru	ction Guide explains how to complete t	this fo	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/39	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Morales, Ch	ristina (The Honorable)				00083199	,
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:	)	7	Amount of Contribution (\$)	
	12/19/2023	Garcia, Oriana					\$250.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77096					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Self employe	ed		Organized decisions			
	Date	Full name of contributor 🗌 out-of-state PAG	C (ID#:	)		Amount of Contribution (\$)	
	12/18/2023	Gomez, Lisa					\$100.00
		Contributor address; City; State; Zip Code					
	Houston, TX 77041						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Accountant			Cityside Homes			
	Date	Full name of contributor 🔲 out-of-state PAG	C (ID#:	)		Amount of Contribution (\$)	
	12/19/2023	Guerrero, Emmanuel					\$40.00
	Contributor address; City; State; Zip Code						
		Pasadena, TX 77506					
		pation / Job title (See Instructions)		Employer (See Instructions	·		
	Consultant			MPact Strategic Consul	ting	1	
	Date	Full name of contributor 🔲 out-of-state PAG	C (ID#:	)		Amount of Contribution (\$)	
	10/03/2023	Gulf States Toyota Inc. State PAC					\$500.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	
	12/19/2023	Haywood, Kory					\$250.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77061					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Consultant			Self Employed			

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ristina (The Honorable)			00083199	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/19/2023	Lucido, Rita				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77098				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Attorney		Self			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/30/2023	Maguire-Powell, Alison				\$10.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76210				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	11/30/2023	Maguire-Powell, Alison				\$10.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	07/30/2023	Maguire-Powell, Alison				\$10.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_	· )	Γ	Amount of Contribution (\$)	
	08/30/2023	Maguire-Powell, Alison				\$10.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			

The Instru	ction Guide explains how to complete this f	iorm.		Total pages Schedule A1: Sch: 5/8 Rpt: 8/39	
2 FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
Morales, Ch	ristina (The Honorable)			00083199	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
09/30/2023	Maguire-Powell, Alison				\$10.00
	6 Contributor address; City; State; Zip Code		1		
	Denton, TX 76210	_			
	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Not Employe	ed	Not Employed			
Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
12/30/2023	Maguire-Powell, Alison				\$10.00
	Contributor address; City; State; Zip Code		1		
	Denton, TX 76210				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Not Employe	ed	Not Employed			
Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
12/19/2023	Martinez, Ivonne				\$100.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77009				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
IT consultan	.t	Kinder Morgan			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
12/19/2023	Morales, Teresa				\$500.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77008				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Banking		Amegy Bank			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
12/20/2023	Moreno, Gloria				\$50.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77003				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Assistant dir	ector	City of houston			

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	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/39	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		ristina (The Honorable)				00083199	,
4	Date	5 Full name of contributor out-of-s	-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/19/2023	Needham, Home					\$250.00
		6 Contributor address; City; State; Zip Co					
		1					
		Pearland, TX 77584					
8	Principal occu	upation / Job title (See Instructions)	!	9 Employer (See Instructions	;)		
	Executive			Teach For America			
	Date	Full name of contributor out-of-s	-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/03/2023	Oncor Texas State PAC					\$2,000.00
		Contributor address; City; State; Zip Co	ode				
		1					
		Dallas, TX 75202					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Date	Full name of contributor out-of-s	-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/19/2023	Plumbers Local Union No. 68 PAC				• •	\$1,000.00
		Contributor address; City; State; Zip Co					
		1					
		Houston, TX 77249					
	Principal occu	upation / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
$\models$	Date	Full name of contributor Out-of-s	-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/20/2023	Puente, Sandra				•••••••••••••••••••••••••••••••••••••••	\$25.00
		Contributor address; City; State; Zip Co	nde		1		-
			Juc				
		1					
		Houston, TX 77022					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Agenda Dire	ector		City of Houston			
F	Date	Full name of contributor Out-of-s	-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/19/2023	Reyna, Rebecca					\$100.00
		Contributor address; City; State; Zip Co	ode				
			Juc				
		1					
		Houston, TX 77083					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ټ)		
	Executive Di			Greater NS mgt District			
			L				

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	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 7/8 Rpt: 10/39	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Morales, Ch	ristina (The Honorable)			00083199	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/19/2023	Rodriguez, Lucia				\$100.00
		6 Contributor address; City; State; Zip Code		"		
		1				
_		League City, TX 77573		Ĺ		
8	Principal occu Not Employe		9 Employer (See Instructions Not Employed	S)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/19/2023	Saenz, Gracie				\$250.00
				·		
		1				
		Houston, TX 77023				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Attorney		Law Offices of Graciela	Sae	enz	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/22/2023	Sampson Public Affairs, LLC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78749				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	Pilitopai occu			5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/23/2023	Texas Trial Lawyers Association PAC				\$2,500.00
		Contributor address; City; State; Zip Code		"		
		1				
	<u></u>	Austin, TX 78701		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor	00123612 )	Γ	Amount of Contribution (\$)	
	10/11/2023	Textron PAC				\$500.00
		Contributor address; City; State; Zip Code		.		
		1				
		Providence, RI 02903				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		]				

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 8/8 Rpt: 11/39	
FILER NAME			Filer ID (Ethics Commissio	n Filers)
ristina (The Honorable)			00083199	
	)	7	Amount of Contribution (\$)	
			()	\$1,000.00
		•		+_,000100
<b>6</b> Contributor address, City, State, Zip Code				
Washington DC 20004				
	<b>0</b> Employer (Cap Instructions			
ipalion / Job lule (See Instructions)	9 Employer (See Instructions	5)		
Full name of contributor X out-of-state PAC (ID#:	C00010470 )		Amount of Contribution (\$)	
Union Pacific Corporation Fund for Effective Ge	overnment			\$1,500.00
Contributor address; City; State; Zip Code		1		
Washington, DC 20005				
-	Employer (See Instructions	<u> </u>		
······································		-,		
		<u> </u>		
	)		Amount of Contribution (\$)	
				\$500.00
Contributor address; City; State; Zip Code				
Houston, TX 77061				
<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions	5)		
Relations	Self Employed			
	ristina (The Honorable)  5 Full name of contributor	ristina (The Honorable)  5 Full name of contributor	ction Guide explains how to complete this form.         3         ristina (The Honorable)         5       Full name of contributor out-of-state PAC (ID#:)         7       The Home Depot Inc. PAC         6       Contributor address; City; State; Zip Code         Washington, DC 20004         pation / Job title (See Instructions)         9       Employer (See Instructions)         9       Employer (See Instructions)         Vashington, DC 20004         pation / Job title (See Instructions)         9       Employer (See Instructions)         9       Employer (See Instructions)         Vashington, DC 20005       Employer (See Instructions)         pation / Job title (See Instructions)       Employer (See Instructions)         Full name of contributor       out-of-state PAC (ID#:)         Zenteno, Gloria       contributor address; City; State; Zip Code         Houston, TX 77061       Employer (See Instructions)	Sch: 8/8 Rpt: 11/39         istina (The Honorable)         5       Full name of contributor out-of-state PAC (ID#:) The Home Depot Inc. PAC         6       Contributor address; City; State; Zip Code         Washington, DC 20004       9         pation / Job title (See Instructions)       9         Full name of contributor [X] out-of-state PAC (ID#:) Union Pacific Corporation Fund for Effective Government Contributor address; City; State; Zip Code         Washington, DC 20005       Amount of Contribution (\$)         Full name of contributor out-of-state PAC (ID#:) Union Pacific Corporation Fund for Effective Government       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Full name of contributor out-of-state PAC (ID#:) Zenteno, Gloria       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77061       Employer (See Instructions)

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/24 Rpt: 12/39	Morales, Christina (The Honorable)	00083199
4	Date 12/31/2023	5 Payee name ActBlue	
6	Amount (\$) \$123.49	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense Processing Fees 7/1-12/31/23
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/29/2023	Amegy Bank of Texas	
	Amount (\$) \$2.00	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) (b) Description	outside of Texas. Complete Schedule T. , TX, officeholder living expense 2005
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/30/2023	Amegy Bank of Texas	
	Amount (\$) \$2.00	Payee address; City; State; Zip Code 4405 Post Oak Parkway	
		Houston, TX 77027	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense CCS
	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	/ - Il Cor	Fees         Office           Food/Beverage Expense         Polling           Gift/Awards/Memorials Expense         Printing	Overhea Expens g Exper s/Wage	nse es/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	· · · · ·			3	Filer ID (Ethics Commission Filers)			
-	Sch: 2/24 Rpt: 13/39	-	Morales, Christina (The Honorable) 00083199							
4	Date	5	Payee name							
	10/31/2023		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)		(h)	Decoription					
ľ	OF	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Accounting/Danking				officeholder living expense			
					Statement Fe	es				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	ought			Office held			
	Date		Payee name							
	09/29/2023		Amegy Bank of Texas							
_	Amount (\$)		Payee address; City; State; Zip	Code						
	\$2.00		4405 Post Oak Parkway	Coue						
	φ2.00									
			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.							
					Statement Fe					
					Statement re	.00				
	Complete ONLY if direct		Candidate/Officeholder name Office s		<u>.</u>		Office held			
	expenditure to benefit C/OF			ouyin			Once neu			
_		-								
	Date		Payee name							
	08/31/2023		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				de of Texas. Complete Schedule T.			
	EXPENDITORE						officeholder living expense			
	Statement Fees									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	ought	İ		Office held			
		1								

	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	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:	· · ·	<b>3</b> Filer ID (Ethics Commission Filers)							
1	Sch: 3/24 Rpt: 14/39	Morales, Christina (The Honorable) 00083199								
4	Date 07/31/2023	Payee name Amegy Bank of Texas								
6 Amount (\$)       7 Payee address; City; State; Zip Code         \$2.00       4405 Post Oak Parkway         Houston, TX 77027										
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense QCS							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/01/2023	Amegy Bank of Texas								
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 4405 Post Oak Parkway								
	PURPOSE	Houston, TX 77027 a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE		Accounting/Banking	outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>EE</b>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/01/2023	Amegy Bank of Texas								
	Amount (\$) \$10.67	Payee address; City; State; Zip Code 4405 Post Oak Parkway								
		Houston, TX 77027								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense EE							
	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	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           by -         Gift/Awards/Memorials Expense				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: 4/24 Rpt: 15/39		Morales, Christina (The Honorable)				00083199					
4	Date	5	Payee name									
	10/02/2023		Amegy Bank of Texas									
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	e							
	\$10.00		4405 Post Oak Parkway									
			Houston, TX 77027									
8	PURPOSE	(a)			b) Decoription							
ľ	OF	(a)	Category (See Categories listed at the top of this schedu Accounting/Banking	ule)	b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE		Accounting/Danking				, officeholder living expense					
					Debit Card F	ee						
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ice soug	ht		Office held					
	Date		Payee name									
	09/01/2023		Amegy Bank of Texas									
_	Amount (\$)		Payee address; City; State; Z	Zin Cod	۹							
	\$10.00			zip Cou	e							
	\$10.00		4405 Post Oak Parkway									
			Houston, TX 77027									
	PURPOSE OF EXPENDITURE	(a)	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> </ul>									
	EXPENDITORE		Check if Austin, TX, officeholder living expense									
					Debit Card F	ee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Officeholder	ice soug	ht		Office held					
-	Data											
	Date 08/01/2023		Payee name Amegy Bank of Texas									
	Amount (\$)		Payee address; City; State; Z	Zip Cod	e							
	\$10.00		4405 Post Oak Parkway									
			Houston, TX 77027									
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule) (	b) Description							
	OF EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.					
	Check if Austin, 1X, officenoider living expense											
	Debit Card Fee											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Officeholder	ice 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	/ - Il Cor	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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: 5/24 Rpt: 16/39		Morales, Christina (The Honorable)				00083199				
4	Date	5	Payee name								
	07/03/2023		Amegy Bank of Texas								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$10.00		4405 Post Oak Parkway								
			Houston, TX 77027								
8	PURPOSE	(a)			(b) Decoription						
ľ	OF	(a)	Category (See Categories listed at the top of this sched Accounting/Banking	dule)	(b) Description	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Accounting/Danking				, officeholder living expense				
					Debit Card F	ee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	Jht		Office held				
_	Date										
	11/30/2023		Payee name BBQ 713 LLC								
	Amount (\$)			Zip Co	le						
	\$660.00		8383 Westheimer Rd								
			STE 114								
			Houston, TX 77063								
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.								
			Check if Austin, TX, officeholder living expense								
					Event Caterir	ıg					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	iht		Office held				
	- p										
	Date		Payee name								
	12/13/2023		BBQ 713 LLC								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$200.00		8383 Westheimer Rd								
			STE 114								
			Houston, TX 77063								
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description						
	OF		Food/Beverage Expense	uulo)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		0				, officeholder living expense				
					Event Caterir	ng					
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	Jht		Office held				
	expenditure to benefit C/OF	1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         Train the second seco	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
	oreak ourd r dyment		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission Filers								
	Sch: 6/24 Rpt: 17/39		Morales, Christina (The Honorable) 00	083199							
4	Date	5	Payee name								
	11/20/2023		Better Half Bar								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$80.11		406 Walsh St								
			Austin, TX 78703								
_											
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description	Texas. Complete Schedule T.							
	EXPENDITURE		Food/Beverage Expense								
			Staff Event	0 1							
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought	Office held							
	Date		Payee name								
	07/13/2023		Bluesource								
	Amount (\$)		Payee address; City; State; Zip Code								
	\$511.92		2000 E Seward Rd								
	ψΟ11.92										
			Guthrie, OK 73044								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE		Gift/Awards/Memorials Expense								
			Backpacks for Scho								
_	Complete ONLY if direct		Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI		Chief Sought								
_	Data	-									
	Date 10/24/2023		Payee name Castro, Ronald								
	Amount (\$)		Payee address; City; State; Zip Code								
	\$800.00		PO BOX 9043								
	Houston, TX 77261										
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE Contributions/Donations Made By											
		Eastwood School Donation									
	-										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought	Office held							
	onponditore to benefit 0/01	•									

	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/Reinbursement     Solicitation/       Fees     Office Overhead/Rental Expense     Transportal       Food/Beverage Expense     Polling Expense     Travel in Di       y -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out						tation/Fundraising Expense sportation Equipment & Related Expense el in District J Out of District ER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)			
	Sch: 7/24 Rpt: 18/39		Morales, Christina (The Honorable)				00083199	· · · · · · · · · · · · · · · · · · ·			
4	Date	5	Payee name								
	09/08/2023		Common Bond Bakery								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$180.78		449 West 19th St								
			Suite B								
			Houston, TX 77008								
8	PURPOSE	(a)	Category (See Categories listed at the top of this scl		(b) Description						
-	OF		Food/Beverage Expense	nedule)		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE				Check if Austin	, тх	, officeholder living	expense			
					Catering for (	Cor	nstituents Ev	ent			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office he	ld			
	Date		Payee name								
	09/28/2023		Conchita Reyes Campaign								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$1,000.00		4001 Leeland St.								
	+_,										
			Houston, TX 77003								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	EXPENDITURE		Contributions/Donations Made By								
			Candidate/Officeholder/Political Committee Campaign Contribution								
					Campaign Co	Л	Indution				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office he	ld			
	expenditure to benefit C/Oł				yn		Onice ne	iu			
-	Date		Payee name								
	07/03/2023		Conchita Reyes Campaign								
_				7	da						
	Amount (\$)			; Zip Co	ae						
	\$250.00		4001 Leeland St.								
			Houston, TX 77003								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Com				
			Candidate/Officeholder/Political Comn	nittee			, officeholder living	expense			
					Campaign Co	ont	ridution				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office he	ld			
	expenditure to benefit C/OI	1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commis								
	Sch: 8/24 Rpt: 19/39	Morales, Christina (The Honorable)	00083199							
4	Date 08/14/2023	Payee name Conchita Reyes Campaign								
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$250.00       4001 Leeland St.         Houston, TX 77003									
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ntribution							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/22/2023	Criminal Justice Reform Caucus								
	Amount (\$) \$300.00	Payee address;City;State; Zip Code1100 S Congress Ave								
		Austin, TX 78704								
	PURPOSE OF EXPENDITURE		utside 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							
	Date	Payee name								
	08/17/2023	East Wood Civic Association								
	Amount (\$) \$300.00	Payee address; City; State; Zip Code PO BOX 9043								
		Houston, TX 77261								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense DONSORShipS							
	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		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: 9/24 Rpt: 20/39	Morales, Christina (The Honorable)	00083199								
4	Date	5 Payee name									
	11/29/2023	FIEL Houston									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$500.00	6610 Harwin Dr.									
		#214									
		Houston, TX 77036									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		utside of Texas. Complete Schedule T.								
		Event Program	TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/11/2023	Harris County Democratic Party									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$750.00	4619 Lyons Ave									
	PURPOSE	Houston, TX 77020									
	OF		utside of Texas. Complete Schedule T. TX, officeholder living expense r 2024 Ballot								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/17/2023	Harris County Democratic Party									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,500.00	4619 Lyons Ave									
		Houston, TX 77020									
	PURPOSE OF	(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       Check if Austin, TX, officeholder living expense         JRR Sponsorship       JRR Sponsorship											
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	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       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 Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 10/24 Rpt: 21/39	Morales, Christina (The Honorable)	00083199						
4	Date 10/06/2023	5 Payee name Hernandez, Melissa							
_									
6	Amount (\$) 7 Payee address; City; State; Zip Code \$833.22 6960 Rustic Street, Suite 107 Houston, TX 77087								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense e Reimbursement						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/03/2023	Holly For Houston							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00	P.O. Box 440544 Houston, TX 77244							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ntribution						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/10/2023	Houston East End Chamber of Commerce							
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 5311 Clinton Drive							
		Houston, TX 77020							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Pership Dues						
	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		hittee Legal Services	Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/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:	<b>2</b> F	2 FILER NAME 3 Filer ID (Ethics Commi											
	Sch: 11/24 Rpt: 22/39		Morales, Christina (The Honorable) 00											
4	Date 09/14/2023		Payee name Houston Parks Board											
6	Amount (\$)	<b>7</b> F	ayee address; City;	State <sup>.</sup>	Zip Co	1e								
•	\$500.00		00 N Post Oak Ln	onaro,										
		ŀ	louston, TX 77024											
8	PURPOSE	<b>(a)</b> (	ategory (See Categories listed at the top of	f this sche	edule)	(b) Descr	ription							
	OF EXPENDITURE		Contributions/Donations Made B						de of Texas. Com					
		C	Candidate/Officeholder/Political	Comm	ittee				officeholder living					
						Mont	le Beach	1 Pa	ark Donatior	1				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	jht			Office he	2ld				
	Date	F	ayee name											
	09/27/2023	I	Love 11th Street Fest											
-	Amount (\$)	F	ayee address; City;	State:	Zip Co	1e								
	\$268.61		01 West 11th	olulo,	210 000									
	Φ200.01	5	or west rith											
		F	louston, TX 77008											
-	PURPOSE	(a) (		( 4)-:			intion							
	OF		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.											
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee							expense				
						Even	t Sponso	orsł	nip					
	Complete ONLY if direct	Ca	ndidate/Officeholder name	C	Dffice sou	jht			Office he	ld				
	expenditure to benefit C/OI	4												
⊨	Date	F	ayee name											
	07/10/2023		lentity Plus LLC											
	Amount (\$)	F	ayee address; City;	State:	Zip Co	le								
	\$872.38		205 Harrisburg	otato,	210 000									
	\$612.00		zoo namobalg											
		F	louston, TX 77003											
	PURPOSE	(a) (	ategory (See Categories listed at the top of	f this sch	edule)	(b) Descr	iption							
	OF		Printing Expense		ouuloy		•	outsic	de of Texas. Com	plete Schedule T.				
	EXPENDITURE		5 P 2000			Ch	eck if Austin,	TX,	officeholder living	expense				
						Even	t Printing	J						
	Complete ONLY if direct	Ca	ndidate/Officeholder name	C	Office sou	jht			Office he	ld				
	expenditure to benefit C/OI				·									
-														

11/08/2023       Jessica Gonzalez Campaign         6       Amount (\$)       7       Payee address;       City;       State;       Zip Code         8       PURPOSE CP EXPENDITURE       (a) Category: (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description Contribution       Contributions/Containers         9       Complete ONLY; if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         7939       Genscott St Houston, TX 77061       Payee address;       City;       State;       Zip Code         PURPOSE EXPENDITURE       (a) Category: Gene categories listed at the top of this schedule; Ontributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description Candidate/Officeholder name         PURPOSE EXPENDITURE       Candidate/Officeholder name       Office sought       Office held         Date       09 Candidate/Officeholder name       Office sought       Office held         Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description Contribution       Contribution         Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 09/19/2023		EXPENDITURE CATEGORIES FOR BOX 8(a)									
Sch: 12/24 Rpt: 23/39       Morales, Christina (The Honorable)       00083199         4 Date 11/08/2023       5 Paye name Jessica Gonzalez Campaign		Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Co	Event Expense     Loan       Fees     Office       Food/Beverage Expense     Pollir       Gift/Awards/Memorials Expense     Print       mmittee     Legal Services     Salar	Fees     Office Overhead/Rental Expense     Transportation       Food/Beverage Expense     Polling Expense     Travel in Distric       Gift/Awards/Memorials Expense     Printing Expense     Travel of D       Legal Services     Salaries/Wages/Contract Labor     OTHER (enter all contract Labor)						
4       Date       5       Payee name         1/08/2023       5       Payee address;       Chy;       State;       Zip Code         6       Amount (\$)       \$1,000.00       7       Payee address;       Chy;       State;       Zip Code         8       PURPOSE       Contributions/Donations Made By       Contributions/Donations Made By       Contributions/Donations Made By       Candidate/Officeholder/Political Committee       Image: Contribution         9       Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         09/16/2023       Joaquin Martinez Campaign       Amount (\$)       Payee address;       City;       State;       Zip Code         9       Complete ONLY if direct       Candidate/Officeholder/Political Committee       Office sought       Office held         9/16/2023       Joaquin Martinez Campaign       Amount (\$)       Payee address;       City;       State;       Zip Code         9/26/2023       Houston, TX 77061       Contributions/Donations Made By       Candidate/Officeholder name       Office sought       Office held       Tompaign Contribution         0/16/2023       Contributions/Donations Made By       Candidate/Officeholder name       Office sought       Office held       Contribution generate       Candidate/Officeh	1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
1J08/2023       Jessica Gonzalez Campaign         6 Amount (\$)       7 Payee address; City; State; Zip Code 400 S Zang BVd Suite1022 Dallas, TX 75208         8 PURPOSE EXPENDITURE       (a) Category (bee Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description Deck it tradinate listed at the top of this schedule; Candidate/Officeholder name         9 Complete DNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         9 Jafe/2023       Joaquin Martinez Campaign       Payee name       Office held       Office held         9 URPOSE EXPENDITURE       Payee address; City; State; Zip Code       7939 Glenscott St       Office held         Purpose EXPENDITURE       (a) Category (bec Categories listed at the top of this schedule) Contribution/Donations Made By Candidate/Officeholder/Political Committee       (b) Description Contribution       Office held         Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder/Political Committee       (b) Description Contributions       Contribution         Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder/Political Committee       Office sought       Office held         Date eypenditure to benefit C/OH       Payee aname		1 0		Morales, Christina (The Honorable)				00083199			
6       Amount (\$)       7       Payee address; City; State; Zip Code         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         9       PurPOSE       Fayee address; City; State; Zip Code       Taste; Taste, Taste, Taste, Taste, Taste, Complete Schedule T.         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         0       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         0       Complete ONLY if direct expendits lated of the schedule;	4	Date	5	Payee name							
\$1,000.00       400 S Zang Blvd         Suite1022       Dallas, TX 75208         8       PURPOSE         EXPENDITURE       (a) Category (see Categories listed at the top of this schedule) ContributionS/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder/Political Committee       (b) Categories (at a table of texas. Complete Schedule T. Check if Audia, TX, officeholder i/Political Committee         Date       Payee name       Office sought       Office held         09/16/2023       Joaquin Martinez Campaign       Amount (\$)       Payee name         09/16/2023       Joaquin Martinez Campaign       Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         0F       (a) Cattegory (see Categories listed at the top of this schedule) Contribution/S/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         0rick if nave outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee       Check if nave outside of Texas. Complete Schedule T. Check if nave outside of Texas. Complete Schedule T. Check if nave outside of Texas. Complete Schedule T.         Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder/Political Committee       Check if nave outside of Texas. Complete Schedule T.         Date       Payee name       Office sought       Of		11/08/2023		Jessica Gonzalez Campaign							
Suite 1022 Dallas, TX 75208         8       PURPOSE EXPENDITURE       (a) Category (see Categories listed at the top of this schedule) Contributions/Donations/Made By Candidate/Officeholder/Political Committee       (b) Description Creat # Austin, TX, officeholder T., Creat # Austin, TX, officeholder inking expense Campaign Contribution         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 09/16/2023       Payee name Joaquin Martinez Campaign       Office Sought       Office held         Amount (\$)       Payee address; City; State; Zip Code 7939 Glenscott St Houston, TX 77061       Category (see Categories listed at the top of this schedule) Contributions/Donations/Made By Candidate/Officeholder/Political Committee       (b) Description Creat # Austin, TX, diterbudger liking expense Campaign Contribution         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         0/2       Office holder/Political Committee       (b) Description Creat # Austin, TX, diterbudger liking expense Campaign Contribution       Check # Austin, TX, diterbudger liking expense         0/2       Candidate/Officeholder name       Office sought       Office held         Date       Payee address; City; State; Zip Code 609 Main St FL 25 Houston       State; Zip Code 609 Main St FL 25 Houston, TX 77002       (b) Description Contributions/Donations Made By       (b) Description Creat # tavet outside of Texas	6	Amount (\$)	7	Payee address; City; State; Zip	code						
Ballas, TX 75208         8       PURPOSE OF EXPENDITURE       (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description Check if Austin, TX, officeholder T. Check if Austin, TX, officeholder name         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 09/16/2023       Payee name Joaquin Martinez Campaign       Amount (\$)       Payee address; City; State; Zip Code       State; Zip Code         PURPOSE expenditure to benefit C/OH       Contributions/Donations Made By Contributions/Donations Made By Candidate/Officeholder name       Office sought       Office held         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 09/19/2023       Candidate/Officeholder name       Office sought       Office held       Campaign Contribution         Date 09/19/2023       Payee name LINK Houston       Office sought       Office held       Campaign Contribution         Amount (\$) \$250.00       Payee address; City; State; Zip Code 609 Main St FL 25 Houston, TX 77002       State; Zip Code 609 Main St FL 25 Houston, TX 77002       (b) Description Check if trared outside of Texas. Complete Schedule T. <th></th> <th>\$1,000.00</th> <th></th> <th>400 S Zang Blvd</th> <th></th> <th></th> <th></th> <th></th>		\$1,000.00		400 S Zang Blvd							
8       PURPOSE OF EXPENDITURE       (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description Check if Austin, TX, officeholder inforgeopense Campaign Contribution         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 09/16/2023       Payee name Joaquin Martinez Campaign       Office sought       Office held         PurPose EXPENDITURE       Payee address; City; State; Zip Code 7939 Glenscott St       State; Zip Code         PurPose EXPENDITURE       (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder name       (b) Description         Complete ONLY if direct expenditure to benefit C/OH       (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder name       (b) Description         Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 09/19/2023       Payee name LINK Houston       Office sought       Office held       Office held         Amount (\$) \$250.00       Payee address; City; State; Zip Code 609 Main St FL 25 Houston, TX 77002       State; Zip Code 609 Main St FL 25 Houston, TX 77002       (b) Description Check if travel outside of Texas. Complete Schedule T.				Suite1022							
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OF EXPENDITURE       Contributions/Donations Made By Candidate/Officeholder//Political Committee       ☐ □ceck if Justin, TX, officeholder T, Check if Justin, TX, officeholder T, Office held         9       Complete <u>ONLY</u> if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 09/16/2023       Payee name Joaquin Martinez Campaign       Payee address; 219, Code       Table 7939 Glenscott St         Amount (\$)       Payee address; 250.00       City; 239 Glenscott St       State; Zip Code         Office policy       (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder /Political Committee       (b) Description Check if Justie cuestice of Texas. Complete Schedule T. Check if Austin, Tx, officeholder ining expense Campaign Contribution         Complete <u>ONLY</u> if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 09/19/2023       Payee name LINK Houston       Office sought       Office held       Office held         Amount (\$)       Payee address; \$250.00       Payee address; City; \$250.00       State; Zip Code 609 Main St FL 25 Houston, TX 77002       (b) Description Contributions/Donations Made	Ļ	DUDDOCE			(1-)						
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09/16/2023       Joaquin Martinez Campaign         Amount (\$)       Payee address; City; State; Zip Code         \$250.00       7939 Glenscott St         Houston, TX 77061       Houston, TX 77061         PURPOSE OF EXPENDITURE       (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description	9			Candidate/Officeholder name Office	e sought			Office held			
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FL 25 Houston, TX 77002       PURPOSE OF EXPENDITURE     (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.		. ,									
PURPOSE     (a) Category (See Categories listed at the top of this schedule)     (b) Description       OF     Contributions/Donations Made By     Image: Check if travel outside of Texas. Complete Schedule T.											
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Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee 2nd Ward Block Party Sponsor				Candidate/Onicenoide/Political Committee	;						
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			EX	PENDITURE C	ATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							T T T	ravel in District ravel Out of Dis	Equipment &	ense . Related Expense ot listed above)	
	Tatal as use Oak adula E1								0 5	::		
1	Total pages Schedule F1: Sch: 13/24 Rpt: 24/39		HILER NAME Morales, Christin	a (The Honora	ble)			ŀ		iler ID 0083199	(Ethics (	Commission Filers)
4	Date	5	Payee name					ı				
	11/09/2023		Launderette									
6	Amount (\$) \$104.44		Payee address; 2115 Holly St Austin, TX 78702	City;	State;	Zip Coo	e					
8	PURPOSE	(a)	Category (See Categ	jories listed at the top	of this sche	edule)	b) Descri	ption				
OF EXPENDITURE     Food/Beverage Expense     Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense     Staff Dinner								lule T.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	C	Office sou	ht			Office he	eld	
	Date		Payee name									
	07/04/2023		Lindale Park Civi	c Club								
	Amount (\$)		Payee address;	City;	State;	Zip Co	е					
	\$250.00		218 Joyce Street Houston, TX 770									
	PURPOSE OF EXPENDITURE		Category <sub>(See Cate(</sub> Contributions/Do Candidate/Office	nations Made I	Ву		Che	eck if travel ou	TX, of	of Texas. Com ficeholder living hip		lule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	C	Office soug	ht			Office he	eld	
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	11/27/2023		M.D Anderson YI	МСА								
	Amount (\$) \$250.00		Payee address; 705 Cavalcade S	City; t	State;	Zip Coo	e					
			Houston, TX 770	09								
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	C	Office soug	ht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Offi           Food/Beverage Expense         Poll           Gift/Awards/Memorials Expense         Print           mmittee         Legal Services         Sala	fice Overhe Iling Expen nting Exper Iaries/Wage	ise s/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 Guide explains how	to comp	lete this form.	_				
1	Total pages Schedule F1: Sch: 14/24 Rpt: 25/39	2	FILER NAME       3       Filer ID       (Ethics Commission Filer:         Morales, Christina (The Honorable)       00083199							
4	Date	5	· · ·							
4	10/05/2023	5	Payee name MacKzum, Isaac							
6	Amount (\$)	7	Payee address; City; State; Zi	ip Code						
	\$94.92		3211 Hampton Rd							
			Austin, TX 78705							
_	BUBBOOF	<u> </u>								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	e) (D	Description	outoi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Loan Repayment/Reimbursement				officeholder living expense			
							Reimbursement			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sought			Office held			
	Date		Payee name							
	11/11/2023		Mario Castillo Campaign							
				in Codo						
	Amount (\$)		Payee address; City; State; Zij	ip Code						
	\$1,000.00		P.O. Box 56386							
			Houston, TX 77256							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	e) (b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Committee	e			officeholder living expense			
					Campaign Co	ontr	notion			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sought			Office held			
	Date		Payee name							
	07/20/2023		Navidad En El Barrio							
	Amount (\$)	-	Payee address; City; State; Zi	in Codo						
	\$1,000.00		8223 Bo Jack Dr.	ip Coue						
	Φ1,000.00		OZZS BU JACK DI.							
			Houston, TX 77040							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	e) <b>(b</b> )	Description					
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.			
	EXIENDITORE		Candidate/Officeholder/Political Committee	е			officeholder living expense			
					Event Sponse	orsl	nıp			
	Complete ONLY if direct		andidate/Officeholder name Office	e sought			Office held			
	expenditure to benefit C/OI	Н								

	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 E: Gift/Awards/Memo Legal Services The Instructio		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Transpo Travel in Travel O	rtation E District out of Dis			
1	Total pages Schedule F1:	2 FILE	R NAME				3 Filer ID	)	(Ethics Commission Filers)		
	Sch: 15/24 Rpt: 26/39		ales, Christina (The	Honorable)			00083	8199			
4	Date	5 Paye	e name				1				
	07/17/2023		York Marriott Marq	uis							
6	Amount (\$)	7 Paye	e address; City;	State	; Zip Coo	le					
	\$1,224.95										
		New	York, NY 10036								
8	PURPOSE	(a) Cate	gory (See Categories liste	d at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE	Trav	el Out of District						plete Schedule T.		
						Check if Austin		-			
						Louging Duri					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		late/Officeholder name	e (	Office soug	ht	Of	fice he	eld		
	Date	Paye	e name								
	08/29/2023	Norh	ill Neighborhood As	sociation							
	Amount (\$)	Paye	e address; City;	State	; Zip Coo	le					
	\$1,500.00	-	W Temple St		· •						
	PURPOSE		ston, TX 77009								
	OF		gory (See Categories lister ributions/Donations		nedule)	(b) Description	outside of Texa	as. Com	plete Schedule T.		
	EXPENDITURE		didate/Officeholder/		nittee	Check if Austin					
						Fall Festival	Sponsorsł	nip			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candio	late/Officeholder name	e (	Office soug	ht	Of	fice he	eld		
	Date	Paye	e name								
	12/28/2023	Pent	house Condominiur	ns							
	Amount (\$)	Paye	e address; City;	State	; Zip Coo	le					
	\$739.50	1212	2 Guadalupe St								
		Aust	in, TX 78701								
	PURPOSE	(a) Cate	OORY (See Categories lister	d at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE	Offic	e Overhead/Rental	Expense					plete Schedule T.		
						Check if Austin			expense		
						Austin Housi		662			
	Complete ONIL V if direct	Condi	lata/Officabalder as		Office cours	bt	~	fice	bld		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder name	= (	Office soug	l IL	Of	fice he	tiu		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ov Polling E Printing I Salaries/	verhea xpens Expens Wages	se s/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 Guide explain	ns now to c	ompi	ete this form.	-			
1	Total pages Schedule F1: Sch: 16/24 Rpt: 27/39		FILER NAME Morales, Christina (The Honorable)							
4	Date	5	Payee name							
	11/24/2023		Penthouse Condominiums							
6	Amount (\$)	7	Payee address; City; Sta	te; Zip C	ode					
	\$710.66		1212 Guadalupe St							
			Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
						Austin Housi		officeholder living expense		
							ıy r	nua fees		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	11/01/2023		Penthouse Condominiums							
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode					
	\$794.84		1212 Guadalupe St							
			•							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						Austin Housi	ng i	HOA Fees		
	Complete ONIL V if direct		randidata/Officeholder name	Office co	l			Office held		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ugni			Office held		
	Date		Payee name							
	10/19/2023		Penthouse Condominiums							
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode					
	\$700.00		1212 Guadalupe St	· •						
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						Austin Housi	ng I	HUA Fees		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held		
⊢										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Legal Services	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense					traising Expense quipment & Related Expense strict category not listed above)	
1	Total pages Schedule F1:	FILER NA	ME				3 File	r ID	(Ethics Commission Filers)
	Sch: 17/24 Rpt: 28/39		orales, Christina (The Honorable) 00083199						
4	Date 09/01/2023	Payee nar Penthous	ne se Condominiums						
6	Amount (\$) \$700.00	Payee add 1212 Gua Austin, T	adalupe St	State;	Zip Cod	e			
8	PURPOSE OF EXPENDITURE		(See Categories listed at the erhead/Rental Expe		edule) (	Description Check if travel X Check if Austin Austin Housin	, TX, office	holder living	plete Schedule T. g expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/0	Officeholder name	C	Office soug	nt		Office he	eld
	Date	Payee nar	ne						
	07/31/2023	Penthous	e Condominiums						
	Amount (\$) \$700.00		adalupe St	State;	Zip Cod	e			
	PURPOSE OF EXPENDITURE		(See Categories listed at the erhead/Rental Expe		edule) (	Description Check if travel Check if Austin Austin Housi	, TX, office	holder living	plete Schedule T. 9 expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	C	Office soug	nt		Office he	eld
	Date	Payee nar	ne						
	10/26/2023	Precinct2	gether, INC						
	Amount (\$) \$500.00	Suite 101	allisville Rd.	State;	Zip Cod	9			
	PURPOSE OF EXPENDITURE	Contribut	(See Categories listed at the ions/Donations Mad e/Officeholder/Politie	e By	,	<ul> <li>Description</li> <li>Check if travel</li> <li>Check if Austin</li> <li>Tour de North</li> </ul>	, TX, office	holder living	plete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/0	Officeholder name	C	Office soug	nt		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District       umittee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME <b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 18/24 Rpt: 29/39		Morales, Christina (The Honorable) 00083199						
4	Date 12/03/2023		Payee name Ramirez, Luis						
6	Amount (\$) \$600.00		Payee address; City; State; Zip Code 5434 Lawndale Houston, TX 77023						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Senior Holiday Performance						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held						
	Date		Payee name						
	11/11/2023		Richard Cantu Campaign						
	Amount (\$) \$1,000.00		Payee address; City; State; Zip Code P.O. Box 91334						
			Houston, TX 77291						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held						
	Date		Payee name						
	07/17/2023		Sanchez-Perez, Elias (Dr.)						
	Amount (\$) \$200.00		Payee address; City; State; Zip Code 204 Lazy Hollow Dr						
			League City, TX 77573						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Veterans Event Sponsorship						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		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 exp	Offic Polli Prin Sala	ce Overhe ng Exper ting Expe tries/Wag	nse es/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: 19/24 Rpt: 30/39		Morales, Christina (The Honorable	e)			00083199				
4	Date	5	Payee name								
	08/07/2023		Southwest Airlines								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$775.96 2702 Love Field Dr.										
		Dallas, TX 75235									
8	PURPOSE OF		Category (See Categories listed at the top of t	his schedule)	(b	) Description					
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. K, officeholder living expense			
								hite House Ceremony			
								ý			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office	sough	t		Office held			
	Date		Payee name								
	10/06/2023		Southwest Airlines								
	Amount (\$)		Payee address; City; S	State; Zip	Code						
	\$713.95		2702 Love Field Dr.								
			Dallas, TX 75235								
	PURPOSE OF	(a)	Category (See Categories listed at the top of t	his schedule)	(b	Description					
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. 3. officeholder living expense			
						Air travel for					
	Complete ONLY if direct		andidate/Officeholder name	Office	sough	t		Office held			
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	11/15/2023		Swedish hill Bakery & Cafe								
	Amount (\$)		Payee address; City; S	State; Zip	Code						
	\$82.72		1120 W 6th St.								
			Austin, TX 78703								
	PURPOSE OF		Category (See Categories listed at the top of t	his schedule)	(b	) Description					
	EXPENDITURE		Food/Beverage Expense					side of Texas. Complete Schedule T. K, officeholder living expense			
						Staff Lunch	I, IA,	, onceroider living expense			
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	Office	sough	t		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		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	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 20/24 Rpt: 31/39	Morales, Christina (The Honorable)	00083199						
4	Date 08/08/2023	5 Payee name Taxi Transportation							
6	Amount (\$) \$29.70	<ul> <li>Payee address; City; State; Zip Code</li> <li>3341 Benning Rd NE</li> <li>Washington, DC 20019</li> </ul>							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense hington DC to see Astros Honored at						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/06/2023	Texas Department of Criminal Justice							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$140.73	PO Box 99 Huntsville, TX 77342-0099							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ə						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/17/2023	Texas Gulf Coast Area Labor Federation							
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 2506 Sutherland St							
		Houston, TX 77023							
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense lies Awards Sponsorship						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGOR	RIES 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 I	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor	Transportation E Travel in Distric Travel Out of Di			
1	Total pages Schedule F1:	2 1	•	3 Filer ID	(Ethics Commission Filers)				
-	Sch: 21/24 Rpt: 32/39		Norales, Christina (The Honorable)						
4	Date 10/09/2023		ayee name Texas House Democratic Campaign Co	ommittee					
6	Amount (\$)	7 6	Payee address; City; State;	Zip Coc	e				
Ū	\$10,000.00	F	P.O. Box 1925	2.0 000					
8	PURPOSE				b) Description				
ō	OF EXPENDITURE	(	Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Comm			outside of Texas. Con , TX, officeholder livin ribution			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name C	Office soug	ht	Office h	eld		
	Date	F	Payee name						
	12/15/2023		exas Organizing Project						
	Amount (\$)			Zip Coc	P				
	\$550.00	F	PO Box 120296	2.0 000					
			San Antonio, TX 78212						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Comm			outside of Texas. Con TX, officeholder livin Ontribution			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office soug	ht	Office h	eld		
	Date	L I	Payee name						
	12/18/2023		The Hometown Chef						
	Amount (\$)			Zip Coo	0				
	\$2,154.44		.007 1st St E		C				
		ł	łumble, TX 77338						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Event Expense	edule)		outside of Texas. Con TX, officeholder livin Catering			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office soug	ht	Office h	eld		

			EXPEN	DITURE CATEGO	RIES FOR E	3OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ee Legal Services	e Expense emorials Expense	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	2 =11		3 Filer ID	(Ethics Commission Filers)			
-	Sch: 22/24 Rpt: 33/39		rales, Christina (Th	ne Honorable)			00083199	
4	Date 11/04/2023		vee name rres, Patricia					
6	Amount (\$) \$240.00	33	vee address; City 02 Canal St uston, TX 77003	r; State;	; Zip Code			
8	PURPOSE OF EXPENDITURE		egory <sub>(See Categories I</sub> aries/Wages/Cont		iedule) (b		outside of Texas. Comp , TX, officeholder living ]	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder na	ame C	Office sough	t	Office he	ld
	Date	Pay	vee name					
	12/14/2023	Un	ited Airlines					
	Amount (\$)	Pa	vee address; City	; State;	; Zip Code			
	\$580.81		3 S. Wacker Drive icago, IL 60606					
	PURPOSE OF EXPENDITURE		egory (See Categories I vel Out of District	isted at the top of this sch	nedule) (k	Check if Austin	outside of Texas. Comp , TX, officeholder living HDCC Meeting	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder na	ame C	Office sough	t	Office he	ld
	Date	Pa	vee name					
	07/24/2023	Un	ited Airlines					
	Amount (\$) \$619.50	-	vee address; City 3 S. Wacker Drive	r; State;	; Zip Code			
		Ch	icago, IL 60606					
	PURPOSE OF EXPENDITURE		egory (See Categories I vel Out of District	isted at the top of this sch	nedule) (b		outside of Texas. Comp , TX, officeholder living t with DPS	
	Complete ONLY if direct expenditure to benefit C/OF		lidate/Officeholder na	ame C	Office sough	t	Office he	ld

	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:		<b>3</b> Filer ID (Ethics Commission Filers)						
-	Sch: 23/24 Rpt: 34/39	Morales, Christina (The Honorable)	00083199						
4	Date 07/07/2023	Payee name     United Airlines							
6	Amount (\$) \$118.00	Payee address; City; State; Zip Code 233 S. Wacker Drive Chicago, IL 60606							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/13/2023	United Airlines							
	Amount (\$) \$123.50	Payee address; City; State; Zip Code 233 S. Wacker Drive Chicago, IL 60606							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense eduling Fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/03/2023	Up All Night Projects, LLC							
	Amount (\$) \$398.36	Payee address; City; State; Zip Code 6072 Pineway Blvd							
		Houston, TX 77023							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

				EXPENDITU	RE CATEGOR	RIES FOR	во	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	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					Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 24/24 Rpt: 35/39		Morales, C	hristina (The Ho	onorable)					00083199	
4	Date	5	Payee name	9							
	12/19/2023		Wal-Mart								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de				
	\$202.55		2391 S Wa	lyside Dr							
			Houston, T	X 77023							
8	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			s/Memorials Ex		ŕ	ļ				plete Schedule T.
										officeholder living	
								Food Distribu	itior	n for Herrera	a Elementary School
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name	C	Office sou	ght			Office he	eld
	Date		Payee name	9							
	08/23/2023		Zazzle								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de				
	\$42.87		1800 Seap	ort Blvd							
			Redwood (	City, CA 94063							
	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Office Ove	rhead/Rental Ex	kpense						plete Schedule T.
										officeholder living	j expense
								Office Supplie	es		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Off	ficeholder name	C	Office sou	ght			Office he	eld

	RRED OBLIGATIONS	
		SCHEDULE F2
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 I Committee Legal Services Expense 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 F2: Sch: 1/1 Rpt: 36/39	3     Filer ID     (Ethics Commission Filers)       00083199	
<sup>4</sup> TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$
<ul> <li>5 Date 11/27/2023</li> <li>7 Amount (\$) \$5,477.13</li> </ul>	<ul> <li>6 Payee name Aceves Communication, LLC</li> <li>8 Payee address; City; State; Zip Code PO Box 6514</li> </ul>	
9 TYPE OF	Houston, TX 77265	
EXPENDITURE 10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Printing Expense       Check if travel of Check if Austin, Check if Austin	outside of Texas. Complete Schedule T. TX, officeholder living expense or City Elections
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form						ages Schedule K: ./1 Rpt: 37/39
2	FILER NAME		D (Ethics Commission Filers)			
			ina (The Honorable)	00083		
4	Date		Name of person from whom amount is received		8 Amount (\$)	
	12/27/2023		Amegy Bank	\$0.67		
		6	Address of person from whom amount is received; City; State; Zip Code			
			Houston, TX 77027			
		7		cal cont	I ribution returned to filer	
			Bank Fee Refund			
┢─						

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

					1 Total pages Cabadula T					
The Inst	ruction C	Guide explains l	1 Total pages Schedule T: Sch: 1/2 Rpt: 38/39							
2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Morales, Christin	na (The Ho	onorable)	00083199							
4 Name of Contribut	-		e	1						
Southwest Airlines										
5 Contribution / Exp	5 Contribution / Expenditure 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	6 Dates of Travel 7 Name of person(s) traveling									
Morales, Christina (Rep.) 8 Departure city or name of departure location										
									08/07/2023	Houst
	9 Destina	ation city or name of destination location								
08/07/2023	Washi	ington								
10 Means of transpor		<b>11</b> Purpose of trave	el (including name of co	onference, seminar, o	r other event)					
Commercial Airp	olane	Air travel for W	/hite House ceremo	ny honoring Housto	n Astros					
Name of Contribut	or / Corpora	ation or Labor Organ	ization / Pledgor /Paye	e						
Southwest Airlin	es									
Contribution / Exp	enditure rep	ported 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	]							
	Morale	es, Christina (Rep.	)							
Departure city or name of departure location										
10/06/2023	Houst	on								
	Destina	ation city or name of	destination location							
10/06/2023	Dallas	5								
Means of transpor	tation	Purpose of travel (including name of conference, seminar, or other event)								
Commercial Airp	olane	Air travel for Fundraiser								
Name of Contribut	or / Corpora	ation or Labor Organ	ization / Pledgor /Paye	e						
United Airlines										
Contribution / Exp	enditure rep	ported on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	$\chi$ Schedule F1				
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
Dates of Travel	Name	of person(s) traveling	)							
Morales, Christina (Rep.)										
	Depart	ure city or name of d	eparture location							
07/25/2023	Houston									
	Destination city or name of destination location									
07/25/2023	McAlle	McAllen								
Means of transpor	tation	on Purpose of travel (including name of conference, seminar, or other event)								
		Meet With DP	S							
1										

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
United Airlines										
5 Contribution / Expenditure 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										
	Morales, Christina (Rep.)									
	8 Departure city or name of departure location									
12/13/2023	8 Departure city or name of departure location Houston									
	9 Destination city or name of destination location									
12/13/2023										
10 Means of transpor	ortation <b>11</b> Purpose of travel (including name of conference, seminar, or other event)									
Commercial Airp										
· · · · · ·	I									