## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction    | Guide explains how to compl | ete this form.  | 1 Filer ID<br>(Ethics Commis<br>00069344 | sion Filers)                      | 2 Total pages file                     |                 |
|-------------------------|-----------------------------|-----------------|--|-----------------------------------|--|-----------------|
| 3 CANDIDATE /           | MS / MRS / MR               | FIRST           |  | MI                                | OFFICE U                               | SE ONLY         |
| OFFICEHOLDER<br>NAME    | The Honorable               | Morgan D.       |  |                                   | Date Received  ELECTRONICA             | I I Y FII FD    |
|                         | NICKNAME                    | LAST            |  | SUFFIX                            | 02/26/2024                             |                 |
|                         | NICKNAWIE                   | Meyer           |  | SUFFIX                            | 02/23/2021                             |                 |
| 4 CANDIDATE /           | ADDRESS / PO BOX; APT       | / SUITE #; CIT  | Y;                                       | ZIP CODE                          | Date Hand-delivered or I               | Date Postmarked |
| OFFICEHOLDER<br>MAILING | 3838 Oak Lawn Avenue        |                 |  |                                   |  | 1               |
| ADDRESS                 | Suite 400                   |                 |  |                                   | Receipt #                              | Amount          |
| Change of Address       | Dallas, TX 75219            |                 |  |                                   | Date Processed                         |                 |
|                         |                             |                 |  |                                   | Date Imaged                            |                 |
| 5 CAMPAIGN              | MS / MRS / MR               | FIRST           |  | MI                                |  |                 |
| TREASURER<br>NAME       | Mr.                         | Jeff            |  |                                   |  |                 |
|                         | NICKNAME                    | LAST            |  | SUFFIX                            |  |                 |
|                         | THO I WILL                  | Staubach        |  | 301111                            |  |                 |
|                         |                             |                 |  |                                   |  |                 |
| 6 CAMPAIGN<br>TREASURER | STREET ADDRESS (NO PO       |                 | APT                                      | / SUITE #; CITY;                  | STA                                    | TE; ZIP CODE    |
| ADDRESS                 | 8343 Douglas Ave., Ste. 1   | .00             |  |                                   |  |                 |
| (Residence or Business) | Dollag TV 75225             |                 |  |                                   |  |                 |
|                         | Dallas, TX 75225            |                 |  |                                   |  |                 |
| 7 CAMPAIGN              | AREA CODE PHON              | IE NUMBER E     | EXTENSION                                |                                   |  |                 |
| TREASURER               | (214) 438-6177              |                 |  |                                   |  |                 |
| PHONE                   |                             |                 |  |                                   |  |                 |
| 8 REPORT<br>TYPE        |                             | 7 2045 455 55   | alastian 🗖                               | Deff                              | 7 15th day after accord                |                 |
| '''-                    | January 15                  | 30th day before | election                                 | Runoff                            | 15th day after cam appointment (office |                 |
|                         | July 15                     | 8th day before  | election                                 | Exceeded modified reporting limit | Final Report (Attac                    | ch C/OH-FR)     |
|                         |                             |                 |  |                                   |  |                 |
| 9 PERIOD<br>COVERED     | Month Day Year              | T11             | IDOLIOLI                                 | Month Day                         | Year                                   |                 |
| COVERED                 | 01/26/2024                  | IH              | IROUGH                                   | 02/24/202                         | 4                                      |                 |
| 10 ELECTION             | ELECTION DATE               |                 |  | ELECTION TYPE                     |  |                 |
|                         | Month Day Year              | XP              | rimary                                   | Runoff                            | Other                                  |                 |
|                         | 03/05/2024                  | □G              | eneral                                   | Special                           |  |                 |
|                         |                             |                 |  | _                                 |  |                 |
| 11 OFFICE               | OFFICE HELD (if any)        |                 |  | 12 OFFICE SOUGHT                  |  |                 |
|                         | State Representative Distr  | rict 108 Dallas |  | State Represent                   | ative District 108                     |                 |
|                         | 1                           |                 |  |                                   |  |                 |
|                         |                             | GO T            | O PAGE 2                                 |                                   |  |                 |

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

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| 13 C / OH NAME  | Meyer, Morgan D. (T           | he Honorable)   | <b>14</b> Filer ID 00069344   | (Ethics Commission Filers) |  |  |  |  |  |
|---|-------------------------------|---|---|----------------------------|--|--|--|--|--|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S)  | candidate / officeholder.     | political contributions accepted or political expo<br>These expenditures may have been made wit<br>d officeholders are required to report this inform | thout the candidate's or office   | eholder's knowledge or     |  |  |  |  |  |
| Additional Pages  | COMMITTEE TYPE                | COMMITTEE NAME  |   |                            |  |  |  |  |  |
|   | X GENERAL                     | Texas Alliance for Life PAC   |   |                            |  |  |  |  |  |
|   |                               | COMMITTEE ADDRESS   |   |                            |  |  |  |  |  |
|   | SPECIFIC                      | 8000 Centre Park Dr.  |   |                            |  |  |  |  |  |
|   |                               | Suite 380   |   |                            |  |  |  |  |  |
|   |                               | Austin, TX 78754  |   |                            |  |  |  |  |  |
|   |                               | COMMITTEE CAMPAIGN TREASURER NA   | ME  |                            |  |  |  |  |  |
|   |                               | Shaw, James   |   |                            |  |  |  |  |  |
|   |                               | COMMITTEE CAMPAIGN TREASURER AD   | DRESS   |                            |  |  |  |  |  |
|   |                               | 4505 Corazon Ct.  |   |                            |  |  |  |  |  |
|   |                               |   |   |                            |  |  |  |  |  |
|   |                               | Round Rock, TX 78681  |   |                            |  |  |  |  |  |
| 16 CONTRIBUTION<br>TOTALS   |                               | IZED POLITICAL CONTRIBUTIONS (OTHER<br>ES OF LOANS, OR CONTRIBUTIONS MADE   |   | \$ 0.00                    |  |  |  |  |  |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 78 |                               |   |   |                            |  |  |  |  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEM               | IZED POLITICAL EXPENDITURES   |   | \$ 0.00                    |  |  |  |  |  |
|   | 4. TOTAL POLITIC              | AL EXPENDITURES   |   | \$ 782,833.96              |  |  |  |  |  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF T<br>RIOD   | THE LAST DAY OF THE   | <b>\$</b> 171,811.79       |  |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPORTHE REPOR   | PAL AMOUNT OF ALL OUTSTANDING LOAN<br>TING PERIOD   | S AS OF THE LAST DAY  | \$ 0.00                    |  |  |  |  |  |
| <b>17</b> AFFIDAVIT   |                               |   | enalty of perjury, that the acc<br>des all information required t<br>ode. |                            |  |  |  |  |  |
|   |                               | The H   | Honorable Morgan D. Mey   | rer                        |  |  |  |  |  |
|   |                               | Signati   | ure of Candidate or Officehol   | der                        |  |  |  |  |  |
| AFFIX NO  | TARY STAMP / SEAL AB          | OVE   |   |                            |  |  |  |  |  |
| Sworn to and subs   | cribed before me, by the s    | aid   | , this the  | day                        |  |  |  |  |  |
| of  | , 20, to c                    | ertify which, witness my hand and seal of office  | e   |                            |  |  |  |  |  |
| Signature of offi   | cer administering             | Printed name of officer administering   | Title of office   | r administering oath       |  |  |  |  |  |
|   |                               |   |   |                            |  |  |  |  |  |

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

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|        |            |  |             |            | 3 01 73              |
|--------|------------|--|-------------|------------|----------------------|
| 18 FIL | ER NAN     | ΛΕ   | 19 Filer ID | (Ethic     | s Commission Filers) |
| Me     | eyer, Mo   | organ D. (The Honorable)   | 00069344    |            |                      |
|        |            | E SUBTOTALS  |             | Ţ ,        | SUBTOTAL AMOUNT      |
| N/     | ME OF      | SCHEDULE   |             | ↓          |                      |
| 1.     | X          | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                  |             | \$         | 501,280.00           |
| 2.     | X          | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |             | \$         | 280,120.46           |
| 3.     |            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$          |            |                      |
| 4.     |            | \$   |             |            |                      |
| 5.     | Х          | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | \$          | 781,076.42 |                      |
| 6.     |            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |             | \$         |                      |
| 7.     |            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION               | DNS         | \$         |                      |
| 8.     | Х          | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                  |             | \$         | 1,057.05             |
| 9.     | Х          | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                         |             | \$         | 700.49               |
| 10     | . 🔲        | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (               | OF C/OH     | \$         |                      |
| 11     | . 🔲        | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION             | ONS         | \$         |                      |
| 12     | . <u> </u> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER | RETURNED    | \$         |                      |
|        |            |  |             |            |                      |

|   | MONET                      | ARY POLITICAL (   | NS                                  | SCHEDULE A1                                |    |   |            |
|---|----------------------------|---|-------------------------------------|--|----|---|------------|
|   | The Instru                 | ction Guide explains how  | to complete this fo                 | orm.                                       | 1  | Total pages Schedule A1:<br>Sch: 1/29 Rpt: 4/73 |            |
| 2 | FILER NAME<br>Meyer, Morg  | an D. (The Honorable)   |                                     |  | 3  | Filer ID (Ethics Commission 00069344            | on Filers) |
| 4 | Date 02/20/2024            | <ul><li>5 Full name of contributor<br/>AT&amp;T Texas PAC</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#:ate; Zip Code |  | 7  | Amount of Contribution (\$)                     | \$3,000.00 |
| _ | Deinsinal                  | Austin, TX 78701  | , 1                                 | O Frankrije (O a kratinski a               |    |   |            |
| 8 | Principal occu             | pation / Job title (See Instructions  | i)                                  | 9 Employer (See Instructions               | S) |   |            |
|   | Date 02/05/2024            | Full name of contributor Adams, Austin Contributor address; City; St  |                                     |  |    | Amount of Contribution (\$)                     | \$50.00    |
|   |                            | Dallas, TX 75244  | . 1                                 |  | Ĺ  |   |            |
|   | Principal occu             | pation / Job title (See Instructions  | (1)                                 | Employer (See Instructions                 | S) |   |            |
|   | Date 01/29/2024            | Full name of contributor Ansolabehere, Michael Contributor address; City; St                                | out-of-state PAC (ID#:_             |  |    | Amount of Contribution (\$)                     | \$1,000.00 |
|   |                            | Dallas, TX 75218  |                                     |  |    |   |            |
|   | Principal occu<br>Director | pation / Job title (See Instructions  | )                                   | Employer (See Instructions Prosperity Bank | s) |   |            |
|   | Date<br>02/13/2024         | Full name of contributor Apartment Association of Contributor address; City; St Irving, TX 75038            |                                     |  |    | Amount of Contribution (\$)                     | \$2,250.00 |
|   | Principal occu             | pation / Job title (See Instructions  | )                                   | Employer (See Instructions                 | s) |   |            |
|   | Date<br>02/16/2024         | Full name of contributor Atmos Energy Corporation Contributor address; City; St                             |                                     |  |    | Amount of Contribution (\$)                     | \$1,500.00 |
|   | Principal occu             | pation / Job title (See Instructions  | )                                   | Employer (See Instructions                 | s) |   |            |
|   |                            |   |                                     |  |    |   |            |

|   | MONET                     | ARY POLITICAL CON   | S                     |   | SCHEDUI | E A1  |            |
|---|---------------------------|---|-----------------------|---|---------|---|------------|
|   | The Instru                | ction Guide explains how to c   | complete this forn    | 1.  | 1       | Total pages Schedule A1:<br>Sch: 2/29 Rpt: 5/73 |            |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)   |                       |   | 3       | Filer ID (Ethics Commission 00069344            | on Filers) |
| 4 | Date 01/30/2024           | <ul><li>5 Full name of contributor  on Beef PAC</li><li>6 Contributor address; City; State; Z</li></ul> | ut-of-state PAC (ID#: |   | 7       | Amount of Contribution (\$)                     | \$1,000.00 |
| _ | Dringing! goog            | Amarillo, TX 79106  | - Io                  | Employer (Coo Instructions                    |         |   |            |
| 0 | Principal occu            | pation / Job title (See Instructions)   | 9                     | Employer (See Instructions                    | )       |   |            |
|   | Date 01/30/2024           | Full name of contributor on Bennett, Paul  Contributor address; City; State; Z                          | ut-of-state PAC (ID#: | )   |         | Amount of Contribution (\$)                     | \$150.00   |
|   |                           | Dallas, TX 75225  |                       |   |         |   |            |
|   | Principal occu            | pation / Job title (See Instructions)   |                       | Employer (See Instructions                    | )       |   |            |
|   | Date 02/22/2024           | Full name of contributor on Best, Randy  Contributor address; City; State; Z                            | ut-of-state PAC (ID#: |   |         | Amount of Contribution (\$)                     | \$5,000.00 |
|   |                           | Dallas, TX 75220  |                       |   |         |   |            |
|   | Principal occu<br>Owner   | pation / Job title (See Instructions)   |                       | Employer (See Instructions<br>Best Associates | )       |   |            |
|   | Date 02/20/2024           | Full name of contributor on the Blackridge  Contributor address; City; State; Z  Austin, TX 78701       | ut-of-state PAC (ID#: | )   |         | Amount of Contribution (\$)                     | \$3,000.00 |
|   | Principal occu            | pation / Job title (See Instructions)   |                       | Employer (See Instructions                    | )       |   |            |
|   | Date<br>02/24/2024        | Full name of contributor on Boating Trades Association of Contributor address; City; State; Z           |                       |   |         | Amount of Contribution (\$)                     | \$500.00   |
|   | Principal occu            | pation / Job title (See Instructions)   |                       | Employer (See Instructions                    | )       |   |            |
|   |                           |   | 1                     |   |         |   |            |

|   | MONET                       | ARY POLITICAL (   | S                      | SCHEDULE A1 |   |                |   |            |
|---|-----------------------------|---|------------------------|-------------|---|----------------|---|------------|
|   | The Instru                  | ction Guide explains how  | to complete this fo    | rr          | m.  | 1              | Total pages Schedule A1:<br>Sch: 3/29 Rpt: 6/73 |            |
| 2 | FILER NAME<br>Meyer, Morg   | an D. (The Honorable)   |                        |             |   | 3              | Filer ID (Ethics Commission 00069344            | on Filers) |
| 4 | Date 02/24/2024             | 5 Full name of contributor<br>Brickman, Susan   | out-of-state PAC (ID#: |             | )   | 7              | Amount of Contribution (\$)                     | \$5,000.00 |
| _ |                             | Dallas, TX 75205  | , 1                    | _           |   | Ĺ              |   |            |
| 8 | Principal occu<br>Homemaker | pation / Job title (See Instructions  | s)<br>                 | 9           | Employer (See Instructions Self             | 5)             |   |            |
|   | Date 02/12/2024             | Full name of contributor Busch, Frank Contributor address; City; S                    |                        |             | )   |                | Amount of Contribution (\$)                     | \$1,000.00 |
|   | Dringing! aggs              | Dallas, TX 75201  |                        |             | Employer (See Instructions                  | <u></u>        |   |            |
|   | Managing Pa                 | pation / Job title (See Instructions<br>artner  | 5)                     |             | Employer (See Instructions Deloache Capital | 5)             |   |            |
|   | Date<br>02/13/2024          | Full name of contributor Byrne, Sean Contributor address; City; S                     | out-of-state PAC (ID#: |             | )   |                | Amount of Contribution (\$)                     | \$500.00   |
|   |                             | Dallas, TX 75225  |                        |             |   |                |   |            |
|   | Principal occu              | pation / Job title (See Instructions  | 5)                     |             | Employer (See Instructions                  | s)             |   |            |
|   | Date 02/13/2024             | Full name of contributor  Camp, David  Contributor address; City; S  Dallas, TX 75229 | out-of-state PAC (ID#: |             | )   |                | Amount of Contribution (\$)                     | \$250.00   |
|   | Principal occu              | pation / Job title (See Instructions  | s)                     |             | Employer (See Instructions                  | <u> </u><br>;) |   |            |
|   | Date<br>02/05/2024          | Full name of contributor Carona, Jeff Contributor address; City; S Dallas, TX 75229   | out-of-state PAC (ID#: |             | )   |                | Amount of Contribution (\$)                     | \$50.00    |
|   | Principal occu              | pation / Job title (See Instructions  | 5)                     |             | Employer (See Instructions                  | 5)             |   |            |
|   |                             |   |                        |             |   |                |   |            |

|   | MONET                     | ARY POLITICAL CONTRIBUTIO  | NS                           |          | SCHEDUL   | E <b>A1</b> |
|---|---------------------------|--|------------------------------|----------|---|-------------|
|   | The Instru                | ction Guide explains how to complete this fo   | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 4/29 Rpt: 7/73 |             |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)  |                              | 3        | Filer ID (Ethics Commission 00069344            | n Filers)   |
| 4 | Date 02/15/2024           | <ul> <li>Full name of contributor</li></ul>  |                              | 7        | Amount of Contribution (\$)                     | \$250.00    |
| _ |                           | Dallas, TX 75219   |                              |          |   |             |
| 8 | Principal occu            | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5)       |   |             |
|   | Date 02/23/2024           | Contributor address; City; State; Zip Code   |                              |          | Amount of Contribution (\$)                     | \$1,500.00  |
|   | Principal occu            | Austin, TX 78701 pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u> |   |             |
|   | Date<br>02/16/2024        | Full name of contributor out-of-state PAC (ID#:_ Charter Schools Now PAC  Contributor address; City; State; Zip Code  Austin, TX 78704 |                              |          | Amount of Contribution (\$)                     | \$1,000.00  |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | <u>(</u> |   |             |
|   | Date<br>02/12/2024        | Full name of contributor out-of-state PAC (ID#:_ Chevron Employees PAC Contributor address; City; State; Zip Code San Ramon, CA 94583  |                              |          | Amount of Contribution (\$)                     | \$2,500.00  |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |   |             |
|   | Date 02/13/2024           | Full name of contributor out-of-state PAC (ID#:_ Clarkson, David Contributor address; City; State; Zip Code  Dallas, TX 75205          |                              |          | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | )        |   |             |
|   |                           |  |                              |          |   |             |

|   | MONET                     | ARY POLITICAL CO  | S                      | SCHEDULE A1                                     |   |   |             |
|---|---------------------------|---|------------------------|---|---|---|-------------|
|   | The Instruc               | ction Guide explains how to   | complete this for      | n.  | 1 | Total pages Schedule A1:<br>Sch: 5/29 Rpt: 8/73 |             |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)   |                        |   | 3 | Filer ID (Ethics Commission 00069344            | on Filers)  |
| 4 | Date 02/13/2024           | <ul><li>5 Full name of contributor Cole, John</li><li>6 Contributor address; City; State;</li></ul> |                        | )   | 7 | Amount of Contribution (\$)                     | \$100.00    |
| _ |                           | Dallas, TX 75238  | 1-                     |   |   |   |             |
| 8 | Principal occu            | pation / Job title (See Instructions)   | 9                      | Employer (See Instructions                      | ) |   |             |
|   | Date 02/03/2024           | Full name of contributor  Coleman, Ashley  Contributor address; City; State;                        |                        |   |   | Amount of Contribution (\$)                     | \$200.00    |
|   |                           | Dallas, TX 75225  |                        |   |   |   |             |
|   | Principal occu            | pation / Job title (See Instructions)   |                        | Employer (See Instructions                      | ) |   |             |
|   | Date 02/15/2024           | Full name of contributor  Crews, Anne  Contributor address; City; State;                            | out-of-state PAC (ID#: | )   |   | Amount of Contribution (\$)                     | \$100.00    |
|   |                           | Dallas, TX 75219  |                        |   |   |   |             |
|   | Principal occu            | pation / Job title (See Instructions)   |                        | Employer (See Instructions                      | ) |   |             |
|   | Date<br>02/20/2024        | Crow, Harlan  | out-of-state PAC (ID#: |   |   | Amount of Contribution (\$)                     | \$50,000.00 |
|   | Principal occu<br>CEO     | pation / Job title (See Instructions)   |                        | Employer (See Instructions Crow Family Holdings | ) |   |             |
|   | Date 02/16/2024           | Full name of contributor  DEC PAC  Contributor address; City; State;  Houston, TX 77046             | out-of-state PAC (ID#: |   |   | Amount of Contribution (\$)                     | \$500.00    |
|   | Principal occu            | pation / Job title (See Instructions)   |                        | Employer (See Instructions                      | ) |   |             |
|   |                           |   | 1_                     |   |   |   |             |

|   | MONET                     | ARY POLITICAL CONTRIBUTION   | NS                          | SCHEDULE A1 |   |          |  |
|---|---------------------------|--|-----------------------------|-------------|---|----------|--|
|   | The Instru                | ction Guide explains how to complete this for  | rm.                         | 1           | Total pages Schedule A1:<br>Sch: 6/29 Rpt: 9/73 |          |  |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)  |                             | 3           | Filer ID (Ethics Commission Filer ID 00069344   | ilers)   |  |
| 4 | Date 02/24/2024           | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>  |                             | 7           | Amount of Contribution (\$) \$1                 | ,000.00  |  |
| 8 | Principal occu            | Oklahoma City, OK 73102 pation / Job title (See Instructions)  | Employer (See Instructions) |             |   |          |  |
| • |                           |  | Employer (See Instructions, |             |   |          |  |
|   | Date<br>02/05/2024        | Full name of contributor out-of-state PAC (ID#: Dalton, Sam  Contributor address; City; State; Zip Code                  | )                           |             | Amount of Contribution (\$)                     | \$250.00 |  |
|   | Principal occu            | Dallas, TX 75205<br>pation / Job title (See Instructions)  | Employer (See Instructions) | )           |   |          |  |
|   | •                         | , ,  |                             |             |   |          |  |
|   | Date<br>02/19/2024        | Full name of contributor out-of-state PAC (ID#:<br>Davis, Philip<br>Contributor address; City; State; Zip Code           | )                           |             | Amount of Contribution (\$)                     | 500.00   |  |
|   | <u> </u>                  | Dallas, TX 75225   | 5 1 (0 1 1 1 1              |             |   |          |  |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions) | )           |   |          |  |
|   | Date<br>02/13/2024        | Full name of contributor out-of-state PAC (ID#:<br>Dorn, Nancy<br>Contributor address; City; State; Zip Code             |                             |             | Amount of Contribution (\$)                     | \$25.00  |  |
|   | Principal occu            | Dallas, TX 75205 pation / Job title (See Instructions)   | Employer (See Instructions) | )           |   |          |  |
|   | Date<br>01/26/2024        | Full name of contributor out-of-state PAC (ID#: Dunn, Jeff  Contributor address; City; State; Zip Code  Dallas, TX 75225 |                             |             | Amount of Contribution (\$)                     | \$50.00  |  |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions) | )           |   |          |  |
|   |                           |  |                             |             |   |          |  |

|   | MONET                     | ARY POLITICAL C   | NS                     |   | SCHEDUI | LE <b>A1</b>                                     |            |
|---|---------------------------|---|------------------------|---|---------|--|------------|
|   | The Instru                | ction Guide explains how  | to complete this fo    | rm.   | 1       | Total pages Schedule A1:<br>Sch: 7/29 Rpt: 10/73 |            |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)   |                        |   | 3       | Filer ID (Ethics Commission 00069344             | on Filers) |
| 4 | Date 02/05/2024           | <ul><li>5 Full name of contributor<br/>FOMCPAC</li><li>6 Contributor address; City; Sta</li></ul> | out-of-state PAC (ID#: | )   | 7       | Amount of Contribution (\$)                      | \$4,000.00 |
| _ | Daine in all access       | Dallas, TX 75230  |                        | Fundamental (On a londonation                       |         |  |            |
| 8 | Principal occu            | pation / Job title (See Instructions)   | 9                      | Employer (See Instructions                          | 5)      |  |            |
|   | Date 02/13/2024           | Full name of contributor Fenton, Bob Contributor address; City; Sta                               |                        |   |         | Amount of Contribution (\$)                      | \$300.00   |
|   |                           | Dallas, TX 75205  |                        |   |         |  |            |
|   | Principal occu            | pation / Job title (See Instructions)   |                        | Employer (See Instructions                          | 5)      |  |            |
|   | Date<br>02/08/2024        | Full name of contributor Fertitta, Tilman Contributor address; City; Sta                          |                        | )   |         | Amount of Contribution (\$)                      | \$2,500.00 |
|   |                           | Houston, TX 77027   |                        |   |         |  |            |
|   | Principal occu<br>CEO     | pation / Job title (See Instructions)   |                        | Employer (See Instructions<br>Landry's Incorporated | 5)      |  |            |
|   | Date<br>01/30/2024        | Full name of contributor Fisher, Stephen Contributor address; City; Sta Dallas, TX 75225          | out-of-state PAC (ID#: |   |         | Amount of Contribution (\$)                      | \$50.00    |
|   | Principal occu            | pation / Job title (See Instructions)   |                        | Employer (See Instructions                          | 5)      |  |            |
|   | Date 01/26/2024           | Full name of contributor Friends of the TTU System Contributor address; City; Sta                 |                        |   |         | Amount of Contribution (\$)                      | \$2,500.00 |
|   | Principal occu            | pation / Job title (See Instructions)   |                        | Employer (See Instructions                          | 5)      |  |            |
|   |                           |   |                        |   |         |  |            |

|   | MONET                     | ARY POLITICAL (  | CONTRIBUTIO                               | ONS  | 5                                  |    | SCHEDUI  | LE <b>A1</b> |
|---|---------------------------|--|---|------|------------------------------------|----|--|--------------|
|   | The Instru                | ction Guide explains hov   | v to complete this fo                     | form | ı.                                 | 1  | Total pages Schedule A1:<br>Sch: 8/29 Rpt: 11/73 |              |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)  |   |      |                                    | 3  | Filer ID (Ethics Commission 00069344             | on Filers)   |
| 4 | Date 01/30/2024           | <ul><li>5 Full name of contributor<br/>Fuqua, Brandon</li><li>6 Contributor address; City; S</li></ul> | out-of-state PAC (ID#:_<br>tate; Zip Code |      |                                    | 7  | Amount of Contribution (\$)                      | \$100.00     |
| _ |                           | Dallas, TX 75225   |   | -    |                                    |    |  |              |
| 8 | Principal occu            | pation / Job title (See Instruction  | 5)  | 9 6  | Employer (See Instructions         | 5) |  |              |
|   | Date<br>01/29/2024        | Full name of contributor Gamble, Greg Contributor address; City; S                                     |   |      |                                    |    | Amount of Contribution (\$)                      | \$100.00     |
|   | Principal occu            | Austin, TX 78731 pation / Job title (See Instruction:  | 2)  | T ,  | Employer (See Instructions         | _  |  |              |
|   | r inicipal occu           | pation / 300 title (See instruction  | 5)  | '    | Employer (See mstructions          | ') |  |              |
|   | Date 02/01/2024           | Full name of contributor<br>George, Tricia<br>Contributor address; City; S                             | out-of-state PAC (ID#:_                   |      |                                    |    | Amount of Contribution (\$)                      | \$1,000.00   |
|   |                           | Dallas, TX 75205   |   |      |                                    |    |  |              |
|   | Principal occu<br>Rancher | pation / Job title (See Instruction  | s)  |      | Employer (See Instructions<br>Self | i) |  |              |
|   | Date<br>02/06/2024        | Full name of contributor Gibbins, Deborah Contributor address; City; S Dallas, TX 75229                | out-of-state PAC (ID#:_                   |      |                                    |    | Amount of Contribution (\$)                      | \$250.00     |
|   | Principal occu            | pation / Job title (See Instruction  | 5)  | E    | Employer (See Instructions         | )  |  |              |
|   | Date<br>02/13/2024        | Full name of contributor Gillean, John Contributor address; City; S Dallas, TX 75219                   | out-of-state PAC (ID#:_                   |      |                                    |    | Amount of Contribution (\$)                      | \$100.00     |
|   | Principal occu            | pation / Job title (See Instruction  | 5)  | E    | Employer (See Instructions         | () |  |              |
|   |                           |  |   | 1    |                                    |    |  |              |

|   | MONET                       | ARY POLITICAL CONTI  | S               |   | SCHEDUI | LE <b>A1</b>                                     |            |
|---|-----------------------------|--|-----------------|---|---------|--|------------|
|   | The Instru                  | ction Guide explains how to com  | plete this form | n.  | 1       | Total pages Schedule A1:<br>Sch: 9/29 Rpt: 12/73 |            |
| 2 | FILER NAME<br>Meyer, Morg   | an D. (The Honorable)  |                 |   | 3       | Filer ID (Ethics Commission 00069344             | on Filers) |
| 4 | Date 01/30/2024             | <ul> <li>Full name of contributor  out-of-s</li> <li>Glatstein, David</li> <li>Contributor address; City; State; Zip Co</li> </ul> |                 |   | 7       | Amount of Contribution (\$)                      | \$100.00   |
| 0 | Dringing oggu               | Frisco, TX 75034   | lo.             | Employer (See Instructions                    |         |  |            |
| 0 | Pilicipai occu              | pation / Job title (See Instructions)  | 9               | Employer (See Instructions                    | )       |  |            |
|   | Date 02/04/2024             | Full name of contributor out-of-s Glatstein, David Contributor address; City; State; Zip Co  | state PAC (ID#: | )   |         | Amount of Contribution (\$)                      | \$100.00   |
|   |                             | Frisco, TX 75034   |                 |   |         |  |            |
|   | Principal occu              | pation / Job title (See Instructions)  |                 | Employer (See Instructions                    | )       |  |            |
|   | Date<br>02/19/2024          | Full name of contributor out-of-s Glatstein, David Contributor address; City; State; Zip Co  | state PAC (ID#: | )   |         | Amount of Contribution (\$)                      | \$100.00   |
|   |                             | Frisco, TX 75034   |                 |   |         |  |            |
|   | Principal occu              | oation / Job title (See Instructions)  |                 | Employer (See Instructions                    | )       |  |            |
|   | Date<br>02/23/2024          | Goff, Travis   | state PAC (ID#: |   |         | Amount of Contribution (\$)                      | \$2,500.00 |
|   | Principal occu<br>President | pation / Job title (See Instructions)  |                 | Employer (See Instructions Goff Capital, Inc. | )       |  |            |
|   | Date<br>02/20/2024          | Full name of contributor out-of-s  Greenberg Traurig, P.A. PAC  Contributor address; City; State; Zip Co                           | state PAC (ID#: | )   |         | Amount of Contribution (\$)                      | \$1,000.00 |
|   | Principal occu              | pation / Job title (See Instructions)  |                 | Employer (See Instructions                    | )       |  |            |
|   |                             |  | 1               |   |         |  |            |

|   | MONET                     | ARY POLITICAL CONTRIBU  |                    | SCHEDULE A1 |   |            |  |
|---|---------------------------|---|--------------------|-------------|---|------------|--|
|   | The Instruc               | ction Guide explains how to complete th   | is form.           | 1           | Total pages Schedule A1:<br>Sch: 10/29 Rpt: 13/73 |            |  |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)   |                    | 3           | Filer ID (Ethics Commission 00069344              | on Filers) |  |
| 4 | Date 02/16/2024           | <ul> <li>Full name of contributor</li></ul>   |                    | 7           | Amount of Contribution (\$)                       | \$500.00   |  |
| _ | 5                         | Dallas, TX 75240  | la = 1 (0 1        |             |   |            |  |
| 8 | Principal occu            | oation / Job title (See Instructions)   | 9 Employer (See In | structions) |   |            |  |
|   | Date 02/12/2024           | Full name of contributor out-of-state PAC ( HOMEPAC of Texas  Contributor address; City; State; Zip Code                  | ID#:               |             | Amount of Contribution (\$)                       | \$2,500.00 |  |
|   | Deinsinal assu            | Austin, TX 78701  | Franks var (Caa In |             |   |            |  |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See In   | structions) |   |            |  |
|   | Date 02/13/2024           | Full name of contributor out-of-state PAC ( Ha, Richard  Contributor address; City; State; Zip Code                       | ID#:               |             | Amount of Contribution (\$)                       | \$500.00   |  |
|   |                           | Dallas, TX 75225  |                    |             |   |            |  |
|   | Principal occu            | oation / Job title (See Instructions)   | Employer (See In   | structions) |   |            |  |
|   | Date<br>02/16/2024        | Full name of contributor out-of-state PAC (Hall, Scott  Contributor address; City; State; Zip Code  Weatherford, TX 76087 | IID#:              | )           | Amount of Contribution (\$)                       | \$500.00   |  |
|   | Principal occu            | oation / Job title (See Instructions)   | Employer (See In   | structions) |   |            |  |
|   | Date<br>02/15/2024        | Full name of contributor out-of-state PAC ( Hartnett, Will  Contributor address; City; State; Zip Code  Dallas, TX 75201  | ID#:               |             | Amount of Contribution (\$)                       | \$200.00   |  |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See In   | structions) |   |            |  |
|   |                           |   | - 1                |             |   |            |  |

|   | MONET                     | ARY POLITICAL CONTI   | SCHEDULE A1     |  |   |   |            |
|---|---------------------------|---|-----------------|--|---|---|------------|
|   | The Instru                | ction Guide explains how to com   | plete this forr | n.   | 1 | Total pages Schedule A1:<br>Sch: 11/29 Rpt: 14/73 |            |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)   |                 |  | 3 | Filer ID (Ethics Commission 00069344              | on Filers) |
| 4 | Date 02/07/2024           | <ul> <li>Full name of contributor out-of-<br/>Hawn, Joe</li> <li>Contributor address; City; State; Zip Contributor</li> </ul> |                 | )  | 7 | Amount of Contribution (\$)                       | \$500.00   |
| _ |                           | Dallas, TX 75205  |                 |  |   |   |            |
| 8 | Principal occu            | pation / Job title (See Instructions)   | 9               | Employer (See Instructions                     | ) |   |            |
|   | Date 02/13/2024           | Hays, Steven  | state PAC (ID#: | )  |   | Amount of Contribution (\$)                       | \$100.00   |
|   |                           | Dallas, TX 75225  |                 |  |   |   |            |
|   | Principal occu            | pation / Job title (See Instructions)   |                 | Employer (See Instructions                     | ) |   |            |
|   | Date 02/13/2024           | Full name of contributor out-of-Hoey, Charles  Contributor address; City; State; Zip Co                                       | state PAC (ID#: |  |   | Amount of Contribution (\$)                       | \$50.00    |
|   |                           | Dallas, TX 75225  |                 |  |   |   |            |
|   | Principal occu            | pation / Job title (See Instructions)   |                 | Employer (See Instructions                     | ) |   |            |
|   | Date<br>02/16/2024        | Huitt-Zollars, Inc. Texas PAC   | state PAC (ID#: | )  |   | Amount of Contribution (\$)                       | \$500.00   |
|   | Principal occu            | pation / Job title (See Instructions)   |                 | Employer (See Instructions                     | ) |   |            |
|   | Date<br>02/07/2024        | Hunt, Clay  | state PAC (ID#: |  |   | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu            | pation / Job title (See Instructions)   |                 | Employer (See Instructions Atropos Exploration | ) |   |            |
|   |                           |   | I               | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        |   |   |            |

|   | MONET                         | ARY POLITICAL (  | CONTRIBUTIO            | N  | S                                      |         | SCHEDULE A1                                       |
|---|-------------------------------|--|------------------------|----|--|---------|---|
|   | The Instru                    | ction Guide explains how   | to complete this fo    | rr | m.                                     | 1       | Total pages Schedule A1:<br>Sch: 12/29 Rpt: 15/73 |
| 2 | FILER NAME<br>Meyer, Morg     | an D. (The Honorable)  |                        |    |  | 3       | Filer ID (Ethics Commission Filers) 00069344      |
| 4 | Date 02/19/2024               | <ul><li>5 Full name of contributor<br/>Hunt, Hunter</li><li>6 Contributor address; City; S</li></ul> |                        |    |  | 7       | Amount of Contribution (\$) \$5,000.00            |
|   |                               | Dallas, TX 75201   |                        |    |  |         |   |
| 8 | Principal occu<br>President & | pation / Job title (See Instructions<br>CEO  | s)<br>                 |    | Employer (See Instructions Hunt Energy | s)      |   |
|   | Date<br>02/19/2024            | Full name of contributor Hunt, Nancy Ann Contributor address; City; S                                |                        |    | )                                      |         | Amount of Contribution (\$) \$25,000.00           |
|   | Principal occu                | Dallas, TX 75201<br>pation / Job title (See Instructions   | s) [                   |    | Employer (See Instructions             | <br>s)  |   |
|   | Retired                       | ,  | ,                      |    | Retired                                |         |   |
|   | Date<br>02/19/2024            | Full name of contributor Hunt, Ray  Contributor address; City; S                                     | out-of-state PAC (ID#: |    | )                                      | •       | Amount of Contribution (\$) \$25,000.00           |
|   | Principal occu                | Dallas, TX 75201 pation / Job title (See Instructions  | .) I                   |    | Employer (See Instructions             | -/-<br> |   |
|   | Executive Ch                  | •  | ,                      |    | Hunt Consolidated, Inc.                | "       |   |
|   | Date<br>02/15/2024            | Full name of contributor Jaeggli, Wilson  Contributor address; City; S  Dallas, TX 75201             | out-of-state PAC (ID#: |    | )                                      |         | Amount of Contribution (\$) \$200.00              |
|   | Principal occu                | pation / Job title (See Instructions   | 5)                     |    | Employer (See Instructions             | 5)      |   |
|   | Date<br>02/22/2024            | Full name of contributor Jones, Stuart  Contributor address; City; Si  Dallas, TX 75209              | out-of-state PAC (ID#: |    |  | •       | Amount of Contribution (\$) \$100.00              |
|   | Principal occu                | pation / Job title (See Instructions   | (3)                    |    | Employer (See Instructions             | 5)      |   |
|   |                               |  |                        |    |  |         |   |

|   | MONET                     | ARY POLITICAL C  | SCHEDULE A1             |  |        |   |            |
|---|---------------------------|--|-------------------------|--|--------|---|------------|
|   | The Instruc               | ction Guide explains how   | to complete this fo     | orm.   | 1      | Total pages Schedule A1:<br>Sch: 13/29 Rpt: 16/73 |            |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)  |                         |  | 3      | Filer ID (Ethics Commission 00069344              | on Filers) |
| 4 | Date 01/30/2024           | <ul><li>5 Full name of contributor</li><li>K&amp;L Gates LLP - Committ</li><li>6 Contributor address; City; St</li></ul> |                         |  | 7      | Amount of Contribution (\$)                       | \$2,000.00 |
| ρ | Principal occu            | Dallas, TX 75201 pation / Job title (See Instructions  | ) I                     | 9 Employer (See Instructions                       | ;)<br> |   |            |
| _ | Fillicipal occu           | pation / Job title (See Instituctions  | )                       | employer (See Instructions                         | ·)     |   |            |
|   | Date<br>02/12/2024        | Full name of contributor Kevin Eltife Campaign Contributor address; City; St   |                         | )  | •      | Amount of Contribution (\$)                       | \$2,500.00 |
|   |                           | Tyler, TX 75702  |                         |  |        |   |            |
|   | Principal occu            | pation / Job title (See Instructions   | )                       | Employer (See Instructions                         | S)     |   |            |
|   | Date 02/21/2024           | Full name of contributor Kleinert, Ashlee Contributor address; City; St  | out-of-state PAC (ID#:_ | )  |        | Amount of Contribution (\$)                       | \$2,500.00 |
|   |                           | Dallas, TX 75201   |                         |  |        |   |            |
|   | Principal occu<br>CEO     | pation / Job title (See Instructions   | )                       | Employer (See Instructions Ruthie's For Good       | 5)     |   |            |
|   | Date<br>02/21/2024        | Full name of contributor Kleinert, Christopher W Contributor address; City; St Dallas, TX 75201                          |                         | )  | •      | Amount of Contribution (\$)                       | \$2,500.00 |
|   | Principal occu<br>CEO     | pation / Job title (See Instructions   | )                       | Employer (See Instructions Hunt Investment Holding |        |   |            |
|   | Date<br>02/05/2024        | Full name of contributor LUMPAC Contributor address; City; St Austin, TX 78703   | out-of-state PAC (ID#:_ |  |        | Amount of Contribution (\$)                       | \$5,000.00 |
|   | Principal occu            | pation / Job title (See Instructions   | )                       | Employer (See Instructions                         | 5)     |   |            |
|   |                           |  |                         |  |        |   |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTIO   | SCHEDULE A1                                    |   |   |            |
|---|----------------------------|---|--|---|---|------------|
|   | The Instruc                | ction Guide explains how to complete this fo  | orm.   | 1 | Total pages Schedule A1:<br>Sch: 14/29 Rpt: 17/73 |            |
| 2 | FILER NAME<br>Meyer, Morg  | an D. (The Honorable)   |  | 3 | Filer ID (Ethics Commission 00069344              | on Filers) |
| 4 | Date 02/13/2024            | <ul> <li>Full name of contributor</li></ul>   |  | 7 | Amount of Contribution (\$)                       | \$300.00   |
| _ | 5                          | Dallas, TX 75225  |  |   |   |            |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instructions                   | ) |   |            |
|   | Date 02/16/2024            | Full name of contributor out-of-state PAC (ID#:_<br>Lamb, John  Contributor address; City; State; Zip Code  | )  |   | Amount of Contribution (\$)                       | \$500.00   |
|   | Dringing Lagra             | Plano, TX 75093   | Franksian (Caalinatuustiana                    |   |   |            |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions                     | ) |   |            |
|   | Date 02/13/2024            | Full name of contributor out-of-state PAC (ID#:_<br>Lane, Alvin<br>Contributor address; City; State; Zip Code                                       |  |   | Amount of Contribution (\$)                       | \$300.00   |
|   |                            | Dallas, TX 75225  |  |   |   |            |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions                     | ) |   |            |
|   | Date 02/13/2024            | Full name of contributor out-of-state PAC (ID#:_Lang, Douglas  Contributor address; City; State; Zip Code  Dallas, TX 75209                         |  |   | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>Attorney | pation / Job title (See Instructions)   | Employer (See Instructions Thompson Coburn LLP | ) |   |            |
|   | Date<br>02/16/2024         | Full name of contributor out-of-state PAC (ID#:_Lockwood, Andrews & Newman, Inc. PAC  Contributor address; City; State; Zip Code  Houston, TX 77042 |  |   | Amount of Contribution (\$)                       | \$500.00   |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions                     | ) |   |            |
|   |                            |   |  |   |   |            |

|   | MONET                         | ARY POLITICAL CONTRIBUTI  | SCHEDULE A1                                       |                  |  |             |
|---|-------------------------------|---|---|------------------|--|-------------|
|   | The Instru                    | ction Guide explains how to complete this   | form.   | 1                | pages Schedule A1:<br>15/29 Rpt: 18/73 |             |
| 2 | FILER NAME<br>Meyer, Morg     | an D. (The Honorable)   |   | 3 Filer II 00069 | O (Ethics Commissi<br>9344             | on Filers)  |
| 4 | Date 02/12/2024               | <ul> <li>Full name of contributor</li></ul>   | ±)  | 7 Amou           | nt of Contribution (\$)                | \$1,000.00  |
| _ | Daine in all access           | Houston, TX 77010   | To Freeling (Contraction                          | ->               |  |             |
| 8 | Principal occu                | pation / Job title (See Instructions)   | 9 Employer (See Instructions                      | S)               |  |             |
|   | Date 02/02/2024               | Full name of contributor  out-of-state PAC (ID# Maberry, Matt  Contributor address; City; State; Zip Code                             | <u>:</u> )  | Amoui            | nt of Contribution (\$)                | \$25.00     |
|   |                               | Dallas, TX 75205  | 1 - 1 (0 1 1 1                                    |                  |  |             |
|   | Principal occu                | pation / Job title (See Instructions)   | Employer (See Instructions                        | S)               |  |             |
|   | Date<br>02/15/2024            | Full name of contributor out-of-state PAC (ID# Manufacturers PAC of Texas  Contributor address; City; State; Zip Code                 | f:)   | Amou             | nt of Contribution (\$)                | \$1,000.00  |
|   |                               | Austin, TX 78711  |   |                  |  |             |
|   | Principal occu                | oation / Job title (See Instructions)   | Employer (See Instructions                        | s)               |  |             |
|   | Date<br>02/16/2024            | Full name of contributor out-of-state PAC (ID# Marquis, Elizabeth Contributor address; City; State; Zip Code Dallas, TX 75220         | <u>;                                    </u>      | Amoui            | nt of Contribution (\$)                | \$50.00     |
|   | Principal occu                | oation / Job title (See Instructions)   | Employer (See Instructions                        | s)               |  |             |
|   | Date<br>02/21/2024            | Full name of contributor out-of-state PAC (ID# Marshall, Jr., E. Pierce  Contributor address; City; State; Zip Code  Dallas, TX 75230 |   | Amoui            | nt of Contribution (\$)                | \$35,000.00 |
|   | Principal occu<br>President & | pation / Job title (See Instructions)   | Employer (See Instructions Elevage Capital Manage |                  | .C                                     |             |
|   |                               |   | 1   |                  |  |             |

|   | MONET                     | ARY POLITICAL (  | CONTRIBUTIO                              | N            | S                            |           | SCHEDULE A1                                       |
|---|---------------------------|--|--|--------------|------------------------------|-----------|---|
|   | The Instruc               | ction Guide explains how   | v to complete this fo                    | rr           | m.                           | 1         | Total pages Schedule A1:<br>Sch: 16/29 Rpt: 19/73 |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)  |  |              |                              | 3         | Filer ID (Ethics Commission Filers) 00069344      |
| 4 | Date 02/15/2024           | <ul><li>5 Full name of contributor<br/>Matthews, John</li><li>6 Contributor address; City; S</li></ul> | out-of-state PAC (ID#:                   |              | )                            | 7         | Amount of Contribution (\$) \$25,000.00           |
| 8 | Principal occu            | Lewisville, TX 75057   | -)                                       |              | Employer (See Instructions   | <u>''</u> |   |
| 0 | Developer                 | pation / Job title (See Instruction  | 5)                                       | <del>-</del> | Matthews Holdings            | »)        |   |
|   | Date<br>02/20/2024        | Full name of contributor McAtee, David Contributor address; City; S                                    |  |              |                              | •         | Amount of Contribution (\$) \$500.00              |
|   | Deinstead                 | Dallas, TX 75225   |  |              | Fourtheast (October American |           |   |
|   | Principal occu            | pation / Job title (See Instruction  | 5)                                       |              | Employer (See Instructions   | 5)        |   |
|   | Date<br>02/20/2024        | Full name of contributor McGuire Revocable Trus Contributor address; City; S                           |  |              | )                            | •         | Amount of Contribution (\$) \$25,000.00           |
|   |                           | Dallas, TX 75205   |  |              |                              | _         |   |
|   | Principal occu            | pation / Job title (See Instruction  | 5)                                       |              | Employer (See Instructions   | 5)        |   |
|   | Date<br>02/14/2024        | Full name of contributor McMahan, Valerie Contributor address; City; S Dallas, TX 75230                | out-of-state PAC (ID#:<br>tate; Zip Code |              | )                            | •         | Amount of Contribution (\$) \$50.00               |
|   | Principal occu            | pation / Job title (See Instruction  | 5)                                       |              | Employer (See Instructions   | 5)        |   |
|   | Date 02/13/2024           | Full name of contributor McMahon, Linda Contributor address; City; S Dallas, TX 75205                  | out-of-state PAC (ID#:                   |              |                              |           | Amount of Contribution (\$) \$200.00              |
|   | Principal occu            | pation / Job title (See Instruction  | 5)                                       |              | Employer (See Instructions   | 5)        |   |
|   |                           |  |  |              |                              |           |   |

|   | MONET                     | ARY POLITICAL CONTRIB   | SCHEDULE A1 |                            |    |   |            |
|---|---------------------------|---|-------------|----------------------------|----|---|------------|
|   | The Instruc               | ction Guide explains how to complete  | e this for  | m.                         | 1  | Total pages Schedule A1:<br>Sch: 17/29 Rpt: 20/73 |            |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)   |             |                            | 3  | Filer ID (Ethics Commission 00069344              | on Filers) |
| 4 | Date 02/06/2024           | <ul> <li>Full name of contributor</li></ul>   |             | )                          | 7  | Amount of Contribution (\$)                       | \$250.00   |
|   |                           | Dallas, TX 75219  |             |                            |    |   |            |
| 8 | Principal occu            | pation / Job title (See Instructions)   | 9           | Employer (See Instructions | i) |   |            |
|   | Date 02/12/2024           | Full name of contributor out-of-state P Mitchell, Brian  Contributor address; City; State; Zip Code                       |             |                            |    | Amount of Contribution (\$)                       | \$500.00   |
|   |                           | Dallas, TX 75238  |             |                            |    |   |            |
|   | Principal occu            | pation / Job title (See Instructions)   |             | Employer (See Instructions | 5) |   |            |
|   | Date 02/10/2024           | Full name of contributor out-of-state P Moore, Carroll  Contributor address; City; State; Zip Code                        | AC (ID#:    | )                          |    | Amount of Contribution (\$)                       | \$25.00    |
|   |                           | Dallas, TX 75225  |             |                            |    |   |            |
|   | Principal occu            | oation / Job title (See Instructions)   |             | Employer (See Instructions | )  |   |            |
|   | Date<br>02/15/2024        | Full name of contributor out-of-state P Moyers, James  Contributor address; City; State; Zip Code  Dallas, TX 75219       |             |                            |    | Amount of Contribution (\$)                       | \$25.00    |
|   | Principal occu            | pation / Job title (See Instructions)   |             | Employer (See Instructions | 5) |   |            |
|   | Date<br>01/29/2024        | Full name of contributor out-of-state P NRG Energy Inc PAC Contributor address; City; State; Zip Code Princeton, NJ 08540 | AC (ID#:    |                            |    | Amount of Contribution (\$)                       | \$3,000.00 |
|   | Principal occu            | pation / Job title (See Instructions)   |             | Employer (See Instructions | 5) |   |            |
|   |                           |   | ı           |                            |    |   |            |

|   | MONET  | ARY POLITICAL CONTRIBU   | SCHEDULE A1 |  |                             |   |            |
|---|--|--|-------------|--|-----------------------------|---|------------|
|   | The Instru   | ction Guide explains how to complete t   | his for     | m.   | 1                           | Total pages Schedule A1:<br>Sch: 18/29 Rpt: 21/73 |            |
| 2 | FILER NAME<br>Meyer, Morg  | an D. (The Honorable)  |             |  | 3                           | Filer ID (Ethics Commission 00069344              | on Filers) |
| 4 | Date 02/16/2024  | <ul> <li>Full name of contributor  out-of-state PAC Naiser, Derek</li> <li>Contributor address; City; State; Zip Code</li> </ul> | C (ID#:     |  | 7                           | Amount of Contribution (\$)                       | \$500.00   |
|   |  | Boerne, TX 78006   |             |  |                             |   |            |
| 8 | Principal occu   | pation / Job title (See Instructions)  | 9           | Employer (See Instructions                             | 5)                          |   |            |
|   | Date<br>02/21/2024   | Full name of contributor out-of-state PAC<br>Neerman, Jonathan<br>Contributor address; City; State; Zip Code                     | C (ID#:     |  |                             | Amount of Contribution (\$)                       | \$1,000.00 |
|   |  | Dallas, TX 75201   |             |  | <u></u>                     |   |            |
|   | Attorney   | pation / Job title (See Instructions)  |             | Employer (See Instructions<br>Jackson Walker           | 5)                          |   |            |
|   | Date Full name of contributor x out-of-state PAC (ID#: C0006 02/20/2024 NextEra Energy, Inc. PAC  Contributor address; City; State; Zip Code |  | 0064774 )   |  | Amount of Contribution (\$) | \$1,000.00  |            |
|   |  | June Beach, FL 33408   |             |  |                             |   |            |
|   | Principal occu   | pation / Job title (See Instructions)  |             | Employer (See Instructions                             | 5)                          |   |            |
|   | Date<br>02/13/2024   | Full name of contributor out-of-state PAC O'Brien, David Contributor address; City; State; Zip Code  Dallas, TX 75225            |             | )  |                             | Amount of Contribution (\$)                       | \$5,000.00 |
|   | Principal occu<br>Business ow  | pation / Job title (See Instructions)  |             | Employer (See Instructions<br>Intuit QuickBooks Traini |                             |   |            |
|   | Date<br>02/14/2024   | Full name of contributor out-of-state PAC Ozanne, Porter  Contributor address; City; State; Zip Code  Dallas, TX 75206           |             | )  |                             | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>Financial Se   | pation / Job title (See Instructions) rvices   |             | Employer (See Instructions Probity Advisors, Inc.      | 5)                          |   |            |
|   |  |  |             | ,  |                             |   |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | SCHEDULE A1  |                |   |             |
|---|----------------------------|--|--|----------------|---|-------------|
|   | The Instru                 | ction Guide explains how to complete this t  | orm.   | 1              | Total pages Schedule A1:<br>Sch: 19/29 Rpt: 22/73 |             |
| 2 | FILER NAME<br>Meyer, Morg  | an D. (The Honorable)  |  | 3              | Filer ID (Ethics Commission 00069344              | on Filers)  |
| 4 | Date 02/16/2024            | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Pape- Dawson Engineers PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>          |  | 7              | Amount of Contribution (\$)                       | \$500.00    |
| _ |                            | San Antonio, TX 78213  | 1  | _              |   |             |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9 Employer (See Instructions                       | 5)             |   |             |
|   | Date<br>02/12/2024         | Full name of contributor out-of-state PAC (ID#:_Patterson, Hon. Jay  Contributor address; City; State; Zip Code  |  |                | Amount of Contribution (\$)                       | \$100.00    |
|   | Deinsinal assu             | Fate, TX 75189   | Franksian (Cookashina                              | <u></u>        |   |             |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions                         | 5)             |   |             |
|   | Date<br>02/08/2024         | Full name of contributor out-of-state PAC (ID#:_Penn Entertainment Inc. Texas PAC  Contributor address; City; State; Zip Code                                | )  |                | Amount of Contribution (\$)                       | \$2,500.00  |
|   |                            | Wyomissing, PA 19610   | 1  | <u></u>        |   |             |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions                         | 5)             |   |             |
|   | Date<br>02/08/2024         | Full name of contributor out-of-state PAC (ID#:_Perdue, Brandon, Fielder, Collins & Mott, LLP  Contributor address; City; State; Zip Code  Lubbock, TX 79408 |  |                | Amount of Contribution (\$)                       | \$1,000.00  |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions                         | <u>l</u><br>5) |   |             |
|   | Date<br>02/20/2024         | Full name of contributor out-of-state PAC (ID#:_Perot, Jr., Ross  Contributor address; City; State; Zip Code  Dallas, TX 75219                               |  |                | Amount of Contribution (\$)                       | \$50,000.00 |
|   | Principal occu<br>Chairman | pation / Job title (See Instructions)  | Employer (See Instructions<br>Hillwood Development | 5)             |   |             |
|   | 2                          |  |  |                |   |             |

|   | MONET                     | ARY POLITICAL CONTRIBU   | TIONS  | SCHEDULE A1   |  |  |  |
|---|---------------------------|--|--|---|--|--|--|
|   | The Instru                | ction Guide explains how to complete t   | his form.  | 1 Total pages Schedule A1:<br>Sch: 20/29 Rpt: 23/73 |  |  |  |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)  |  | 3 Filer ID (Ethics Commission Filers) 00069344      |  |  |  |
| 4 | Date 02/09/2024           | <ul> <li>Full name of contributor</li></ul>  | (ID#:)   | 7 Amount of Contribution (\$) \$200.00              |  |  |  |
| 8 | Principal occu            | Dallas, TX 75205<br>pation / Job title (See Instructions)  | 9 Employer (See Instructions                     |   |  |  |  |
| _ | Date                      | Full name of contributor  ut-of-state PAC  |  | Amount of Contribution (\$)                         |  |  |  |
|   | 02/05/2024                | Poinsett PLLC  Contributor address; City; State; Zip Code  |  | \$1,000.00  |  |  |  |
|   | Principal occu            | Austin, TX 78701 pation / Job title (See Instructions)   | Employer (See Instructions                       | <u> </u><br>  |  |  |  |
|   |                           |  |  |   |  |  |  |
|   | Date<br>02/22/2024        | Full name of contributor   | · (ID#:)   | Amount of Contribution (\$) \$25,000.00             |  |  |  |
|   | Dringing aggr             | Dallas, TX 75225   | Employer (Coo Instruction                        |   |  |  |  |
|   | CEO                       | pation / Job title (See Instructions)  | Employer (See Instructions Charles & Potomac Cap |   |  |  |  |
|   | Date<br>02/16/2024        | Full name of contributor   |  | Amount of Contribution (\$) \$500.00                |  |  |  |
|   | Principal occu            | Austin, TX 78759 pation / Job title (See Instructions)   | Employer (See Instructions                       | <u> </u><br>;)                                      |  |  |  |
|   | Date<br>02/19/2024        | Full name of contributor out-of-state PAC Rabin, Stanley A  Contributor address; City; State; Zip Code | (ID#:)   | Amount of Contribution (\$) \$1,000.00              |  |  |  |
|   | Principal occu            | Dallas, TX 75230 pation / Job title (See Instructions)   | Employer (See Instructions                       | <u> </u><br>  |  |  |  |
|   | Retired                   |  | Retired  |   |  |  |  |
|   |                           |  |  |   |  |  |  |

|   | MONET                     | ARY POLITICAL (  | ONS                     | SCHEDULE A1                  |    |   |             |
|---|---------------------------|--|-------------------------|------------------------------|----|---|-------------|
|   | The Instru                | ction Guide explains how   | v to complete this f    | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 21/29 Rpt: 24/73 |             |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)  |                         |                              | 3  | Filer ID (Ethics Commissi 00069344                | ion Filers) |
| 4 | Date 02/07/2024           | <ul><li>5 Full name of contributor<br/>Richard, James</li><li>6 Contributor address; City; S</li></ul> | out-of-state PAC (ID#:_ |                              | 7  | Amount of Contribution (\$)                       | \$200.00    |
|   |                           | Dallas, TX 75225   |                         |                              |    |   |             |
| 8 | Principal occu            | pation / Job title (See Instruction  | s)                      | 9 Employer (See Instructions | s) |   |             |
|   | Date<br>02/20/2024        | Full name of contributor Rowling, Robert  Contributor address; City; S                                 |                         |                              |    | Amount of Contribution (\$)                       | \$50,000.00 |
|   | Principal occu            | Dallas, TX 75219 pation / Job title (See Instruction   | s)                      | Employer (See Instructions   | s) |   |             |
|   | Owner                     |  | ,                       | TRT Holdings                 | ,  |   |             |
|   | Date 02/13/2024           | Full name of contributor Rulfs, Marnie Contributor address; City; S                                    |                         |                              | •  | Amount of Contribution (\$)                       | \$500.00    |
|   |                           | Dallas, TX 75205   |                         |                              |    |   |             |
|   | Principal occu            | pation / Job title (See Instruction  | s)                      | Employer (See Instructions   | s) |   |             |
|   | Date<br>02/11/2024        | Full name of contributor Sartain, Charles Contributor address; City; S Dallas, TX 75225                |                         |                              |    | Amount of Contribution (\$)                       | \$300.00    |
|   | Principal occu            | pation / Job title (See Instruction  | s)                      | Employer (See Instructions   | s) |   |             |
|   | Date 02/13/2024           | Full name of contributor Scheitzach, Clay Contributor address; City; S Phoenix, AZ 85021               | out-of-state PAC (ID#:_ |                              | -  | Amount of Contribution (\$)                       | \$500.00    |
|   | Principal occu            | pation / Job title (See Instruction  | s)                      | Employer (See Instructions   | s) |   |             |
|   |                           |  |                         | I                            |    |   |             |

|   | MONET                           | ARY POLITICAL (   | CONTRIBUTIO             | ON:  | 5   |    | SCHEDUI   | _E <b>A1</b> |
|---|---------------------------------|---|-------------------------|--|---|----|---|--------------|
|   | The Instru                      | ction Guide explains hov  | to complete this f      | form   | ).  | 1  | Total pages Schedule A1:<br>Sch: 22/29 Rpt: 25/73 |              |
| 2 | FILER NAME<br>Meyer, Morg       | an D. (The Honorable)   |                         |  |   | 3  | Filer ID (Ethics Commission 00069344              | on Filers)   |
| 4 | Date 02/09/2024                 | <ul><li>5 Full name of contributor<br/>Scruggs, Steven</li><li>6 Contributor address; City; S</li></ul> | out-of-state PAC (ID#:_ |  | )   | 7  | Amount of Contribution (\$)                       | \$100.00     |
|   |                                 | Dallas, TX 75205  |                         |  |   |    |   |              |
| 8 | Principal occu                  | pation / Job title (See Instructions  | s)                      | 9 [  | Employer (See Instructions                          | 5) |   |              |
|   | Date 02/17/2024                 | Full name of contributor<br>Selinger, Jerry<br>Contributor address; City; S                             |                         |  | )   |    | Amount of Contribution (\$)                       | \$100.00     |
|   | Principal occu                  | Dallas, TX 75229 pation / Job title (See Instructions   | 2)                      | <del>                                     </del> | Employer (See Instructions                          | ·, |   |              |
|   | Fillicipal occu                 | pation / 300 title (See Instructions  | 5)                      | ,  | Employer (See msuuctions                            | )  |   |              |
|   | Date 02/21/2024                 | Full name of contributor Sewell, Carl Contributor address; City; S                                      | out-of-state PAC (ID#:_ |  | )   |    | Amount of Contribution (\$)                       | \$5,000.00   |
|   |                                 | Dallas, TX 75205  |                         |  |   |    |   |              |
|   | Principal occu<br>Owner         | pation / Job title (See Instructions  | s)<br>                  | 1  | Employer (See Instructions<br>Sewell Automotive Com |    | nies  |              |
|   | Date<br>02/07/2024              | Full name of contributor Sheffield, Bryan Contributor address; City; S Austin, TX 78701                 | out-of-state PAC (ID#:_ |  | )   |    | Amount of Contribution (\$)                       | \$2,500.00   |
|   | Principal occu<br>Director      | pation / Job title (See Instructions  | 5)                      | 1  | Employer (See Instructions<br>Marbella Interests    | 5) |   |              |
|   | Date<br>02/21/2024              | Full name of contributor Simmons, Amy Contributor address; City; S Dallas, TX 75225                     | out-of-state PAC (ID#:_ |  |   |    | Amount of Contribution (\$)                       | \$5,000.00   |
|   | Principal occu<br>Philanthropis | pation / Job title (See Instructions<br>st  | 5)                      |  | Employer (See Instructions<br>Self                  | 5) |   |              |
|   |                                 |   |                         | 4  |   |    |   |              |

|   | MONET           | ARY POLITICAL C  | ONTRIBUTION                  | IS                         |          | SCHEDUI   | LE A1      |
|---|-----------------|--|------------------------------|----------------------------|----------|---|------------|
|   | The Instru      | ction Guide explains how   | to complete this for         | m.                         | 1        | Total pages Schedule A1:<br>Sch: 23/29 Rpt: 26/73 |            |
| 2 | FILER NAME      | an D. (The Honorable)  |                              |                            | 3        | Filer ID (Ethics Commission 00069344              | on Filers) |
| _ |                 |  |                              |                            | L        |   |            |
| 4 | Date 02/14/2024 | <ul><li>5 Full name of contributor</li><li>Smith, Troy</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#:       | )                          | 7        | Amount of Contribution (\$)                       | \$50.00    |
|   |                 | ·  | ,p                           |                            |          |   |            |
|   |                 | Dallas, TX 75225   |                              |                            |          |   |            |
| 8 | Principal occu  | pation / Job title (See Instructions)  | 9                            | Employer (See Instructions | s)       |   |            |
|   | Date            | Full name of contributor   | out-of-state PAC (ID#:       | 1                          | Г        | Amount of Contribution (\$)                       |            |
|   | 02/19/2024      | Starnes, Melinda   | United State 1 AC (ID#       |                            |          | randant of Contribution (\$)                      | \$30.00    |
|   | 02,20,202       | Contributor address; City; St  | ate: 7in Code                |                            | ł        |   | 400.00     |
|   |                 | Contributor address, City, St  | ate, Zip Code                |                            |          |   |            |
|   |                 | Dallas, TX 75229   |                              |                            |          |   |            |
|   | Principal occu  | pation / Job title (See Instructions   |                              | Employer (See Instructions | 5)       |   |            |
|   | Date            | Full name of contributor   | out-of-state PAC (ID#:       | )                          | Π        | Amount of Contribution (\$)                       |            |
|   | 02/06/2024      | Surls, Lynn  | _                            |                            |          |   | \$2,000.00 |
|   |                 | Contributor address; City; St  | ate; Zip Code                |                            |          |   |            |
|   |                 | Dallas, TX 75225   |                              |                            |          |   |            |
|   | Principal occu  | pation / Job title (See Instructions   | )                            | Employer (See Instructions | <u> </u> |   |            |
|   | СРА             | ,  | ,                            | Lynn O. Surls & Co.        | ,        |   |            |
|   | Date            | Full name of contributor   | X out-of-state PAC (ID#: C00 | )361758                    |          | Amount of Contribution (\$)                       |            |
|   | 01/31/2024      | T-Mobile PAC   |                              |                            |          |   | \$1,000.00 |
|   |                 | Contributor address; City; St.   | ate; Zip Code                |                            |          |   |            |
|   |                 |  |                              |                            |          |   |            |
|   |                 | Washington, DC 20004   |                              |                            |          |   |            |
|   | Principal occu  | pation / Job title (See Instructions   |                              | Employer (See Instructions | s)       |   |            |
|   | Date            | Full name of contributor   | out-of-state PAC (ID#:       | )                          |          | Amount of Contribution (\$)                       |            |
|   | 02/24/2024      | TALHI Life Insurance PAC   | •                            |                            |          |   | \$1,000.00 |
|   |                 | Contributor address; City; St  | ate; Zip Code                |                            |          |   |            |
|   |                 |  |                              |                            |          |   |            |
|   |                 | Austin, TX 78767   |                              |                            | Ĺ        |   |            |
|   | Principal occu  | pation / Job title (See Instructions   |                              | Employer (See Instructions | 5)       |   |            |
| _ |                 |  | l                            |                            |          |   |            |
|   |                 |  |                              |                            |          |   |            |
|   |                 | <u> </u>   |                              |                            |          |   |            |

|   | MONET                     | ARY POLITICAL CONTRIBUTIO   | NS                             |        | SCHEDUL   | E A1       |
|---|---------------------------|---|--------------------------------|--------|---|------------|
|   | The Instru                | ction Guide explains how to complete this fo  | orm.                           | 1      | Total pages Schedule A1:<br>Sch: 24/29 Rpt: 27/73 |            |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)   |                                | 3      | Filer ID (Ethics Commission 00069344              | on Filers) |
| 4 | Date 02/16/2024           | <ul> <li>Full name of contributor</li></ul>   |                                | 7      | Amount of Contribution (\$)                       | \$2,000.00 |
| _ | Dein ein al. a a a        | Helotes, TX 78023   | O. Faralaura (Oct. Instruction |        |   |            |
| 8 | Principal occu            | pation / Job title (See Instructions)   | 9 Employer (See Instructions   | ;)     |   |            |
|   | Date 01/31/2024           | Full name of contributor out-of-state PAC (ID#:_ TXTA TruckPAC Contributor address; City; State; Zip Code   |                                |        | Amount of Contribution (\$)                       | \$500.00   |
|   | Principal occu            | Austin, TX 78762 pation / Job title (See Instructions)  | Employer (See Instructions     | .)<br> |   |            |
|   | i illopai occa            | sation, cop the (occ instructions)  | Employer (See manacions        | ')     |   |            |
|   | Date<br>02/24/2024        | Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association PAC Contributor address; City; State; Zip Code                         | )                              |        | Amount of Contribution (\$)                       | \$1,000.00 |
|   |                           | Austin, TX 78701  |                                |        |   |            |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions     | i)     |   |            |
|   | Date<br>02/15/2024        | Full name of contributor out-of-state PAC (ID#:_ Texas Association of Business PAC Contributor address; City; State; Zip Code Austin, TX 78701      |                                |        | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions     | ()     |   |            |
|   | Date<br>02/20/2024        | Full name of contributor out-of-state PAC (ID#:_ Texas Association of Crane Owners PAC Contributor address; City; State; Zip Code  Austin, TX 78716 |                                |        | Amount of Contribution (\$)                       | \$500.00   |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions     | 5)     |   |            |
|   |                           |   |                                |        |   |            |

|   | MONET                     | ARY POLITICAL (  | CONTRIBUTIO             | ONS  | 5                          |          | SCHEDUI   | LE A1      |
|---|---------------------------|--|-------------------------|------|----------------------------|----------|---|------------|
|   | The Instru                | ction Guide explains how   | v to complete this f    | form |                            | 1        | Total pages Schedule A1:<br>Sch: 25/29 Rpt: 28/73 |            |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)  |                         |      |                            | 3        | Filer ID (Ethics Commission 00069344              | on Filers) |
| 4 | Date 01/26/2024           | <ul> <li>Full name of contributor         Texas Association of Rea     </li> <li>Contributor address; City; S</li> </ul> |                         |      | )                          | 7        | Amount of Contribution (\$)                       | \$2,500.00 |
|   |                           | Austin, TX 78768   |                         |      |                            |          |   |            |
| 8 | Principal occu            | pation / Job title (See Instruction  | 5)                      | 9 E  | Employer (See Instructions | 5)       |   |            |
|   | Date<br>02/08/2024        | Full name of contributor Texas Association of Rea Contributor address; City; S   |                         |      | )                          |          | Amount of Contribution (\$)                       | \$5,000.00 |
| _ | Principal occu            | Austin, TX 78768 pation / Job title (See Instruction   | 5)                      | E    | Employer (See Instructions | <u> </u> |   |            |
|   | Date<br>02/12/2024        | Full name of contributor Texas Automobile Dealer Contributor address; City; S  |                         |      |                            |          | Amount of Contribution (\$)                       | \$2,500.00 |
|   | Principal occu            | Austin, TX 78701 pation / Job title (See Instruction   | 5)                      | E    | Employer (See Instructions | 5)       |   |            |
|   | Date<br>02/20/2024        | Full name of contributor Texas BOMA PAC Contributor address; City; S Leander, TX 78646                                   | out-of-state PAC (ID#:_ |      | )                          |          | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu            | pation / Job title (See Instruction  | 5)                      | E    | Employer (See Instructions | <u> </u> |   |            |
|   | Date<br>02/16/2024        | Full name of contributor Texas Building Branch A Contributor address; City; S Austin, TX 78701                           |                         |      |                            |          | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu            | pation / Job title (See Instruction  | 5)                      | E    | Employer (See Instructions | 5)       |   |            |
|   |                           |  |                         | 1    |                            |          |   |            |

|   | MONET                     | ARY POLITICAL CONTRIBUTI  | ONS                          |                | SCHEDU  | LE <b>A1</b> |
|---|---------------------------|---|------------------------------|----------------|---|--------------|
|   | The Instru                | ction Guide explains how to complete this   | form.                        | 1              | Total pages Schedule A1:<br>Sch: 26/29 Rpt: 29/73 |              |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)   |                              | 3              | Filer ID (Ethics Commission 00069344              | on Filers)   |
| 4 | Date 02/24/2024           | <ul> <li>Full name of contributor</li></ul>   |                              | 7              | Amount of Contribution (\$)                       | \$2,500.00   |
| _ |                           | Austin, TX 78701  | T                            | L              |   |              |
| 8 | Principal occu            | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)             |   |              |
|   | Date<br>02/05/2024        | Contributor address; City; State; Zip Code  | :)                           |                | Amount of Contribution (\$)                       | \$750.00     |
|   | Principal occu            | Austin, TX 78704 pation / Job title (See Instructions)  | Employer (See Instructions   | <br> -<br> S)  |   |              |
|   | •                         |   |                              |                |   |              |
|   | Date 02/08/2024           | Full name of contributor out-of-state PAC (ID# Texas Farm Bureau Agfund Contributor address; City; State; Zip Code                              | :)                           | •              | Amount of Contribution (\$)                       | \$1,000.00   |
|   |                           | Waco, TX 76702  |                              |                |   |              |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions   | s)             |   |              |
|   | Date<br>02/01/2024        | Full name of contributor out-of-state PAC (ID# Texas Food and Fuel Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701 | :                            | •              | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u><br>S) |   |              |
|   | Date<br>01/26/2024        | Full name of contributor out-of-state PAC (ID# Texas House Republican Caucus PAC Contributor address; City; State; Zip Code  Austin, TX 78737   | :)                           | •              | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |   |              |
|   |                           |   | 1                            |                |   |              |

|   | MONET                     | ARY POLITICAL CONTRIBUTION  | NS                            |   | SCHEDUI   | LE <b>A1</b> |
|---|---------------------------|---|-------------------------------|---|---|--------------|
|   | The Instru                | ction Guide explains how to complete this fo  | rm.                           | 1 | Total pages Schedule A1:<br>Sch: 27/29 Rpt: 30/73 |              |
| 2 | FILER NAME<br>Meyer, Morg | an D. (The Honorable)   |                               | 3 | Filer ID (Ethics Commission 00069344              | on Filers)   |
| 4 | Date 02/13/2024           | <ul> <li>Full name of contributor</li></ul>   |                               | 7 | Amount of Contribution (\$)                       | \$5,000.00   |
| _ | Dringing Loggy            | Austin, TX 78703  | ) Employer (Coo Instructional |   |   |              |
| 0 | Principal occu            | pation / Job title (See Instructions)   | 9 Employer (See Instructions  | ) |   |              |
|   | Date<br>02/13/2024        | Full name of contributor out-of-state PAC (ID#: Texas Medical Association PAC  Contributor address; City; State; Zip Code                     |                               |   | Amount of Contribution (\$)                       | \$7,500.00   |
|   |                           | Austin, TX 78701  |                               |   |   |              |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |   |              |
|   | Date 02/16/2024           | Full name of contributor out-of-state PAC (ID#: Texas Property Tax Leinholders Association PAC Contributor address; City; State; Zip Code     |                               |   | Amount of Contribution (\$)                       | \$2,500.00   |
|   |                           | Austin, TX 78759  |                               |   |   |              |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |   |              |
|   | Date<br>02/13/2024        | Full name of contributor out-of-state PAC (ID#: Texas Restaurant Association PAC Contributor address; City; State; Zip Code  Austin, TX 78767 |                               |   | Amount of Contribution (\$)                       | \$3,000.00   |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |   |              |
|   | Date<br>02/05/2024        | Full name of contributor out-of-state PAC (ID#: Texas Sands PAC Contributor address; City; State; Zip Code  Austin, TX 78701                  |                               |   | Amount of Contribution (\$)                       | \$4,000.00   |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |   |              |
|   |                           | 1   |                               |   |   |              |

|   | MONET                     | ARY POLITICAL (   | CONTRIBUTIO                | ONS   |   | SCHEDU  | LE <b>A1</b> |
|---|---------------------------|---|----------------------------|---|---|---|--------------|
|   | The Instru                | ction Guide explains hov  | v to complete this f       | orm.  | 1 | Total pages Schedule A1:<br>Sch: 28/29 Rpt: 31/73 |              |
| 2 | FILER NAME<br>Meyer, Morg | gan D. (The Honorable)  |                            |   | 3 | Filer ID (Ethics Commissi 00069344                | on Filers)   |
| 4 | Date 02/05/2024           | <ul><li>5 Full name of contributor<br/>Texas Sands PAC</li><li>6 Contributor address; City; S</li></ul> | out-of-state PAC (ID#:_    | )   | 7 | Amount of Contribution (\$)                       | \$25,000.00  |
| 8 | Principal occu            | Austin, TX 78701  pation / Job title (See Instruction   | 5)                         | 9 Employer (See Instructions                        | ) |   |              |
|   | Date 02/04/2024           | Full name of contributor The Home Depot Inc. PA Contributor address; City; S Washington, DC 20004       | x out-of-state PAC (ID#: C |   |   | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu            | pation / Job title (See Instruction   | s)                         | Employer (See Instructions                          | ) |   |              |
|   | Date<br>02/13/2024        | Full name of contributor U.S.A.P. Texas LC - Dall Contributor address; City; S                          |                            |   |   | Amount of Contribution (\$)                       | \$2,000.00   |
|   | Principal occu            | Dallas, TX 75251 pation / Job title (See Instruction  | 5)                         | Employer (See Instructions                          | ) |   |              |
|   | Date<br>01/29/2024        | Full name of contributor Valero PAC Contributor address; City; S San Antonio, TX 78269                  | out-of-state PAC (ID#:_    |   |   | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu            | pation / Job title (See Instruction   | 5)                         | Employer (See Instructions                          | ) |   |              |
|   | Date<br>02/24/2024        | Full name of contributor Webb, Crayton Contributor address; City; S Dallas, TX 75209                    | out-of-state PAC (ID#:_    |   |   | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Owner   | pation / Job title (See Instruction   | 5)                         | Employer (See Instructions<br>Sunwest Communciation |   |   |              |
|   |                           |   |                            |   |   |   |              |

| TARY POLITICAL CONTRIBU                  | TIONS  | SCHEDULE A1   |
|--|--|---|
| action Guide explains how to complete th | nis form.  | 1 Total pages Schedule A1:<br>Sch: 29/29 Rpt: 32/73   |
| gan D. (The Honorable)                   |  | 3 Filer ID (Ethics Commission Filers) 00069344  |
|  | (ID#:)   | 7 Amount of Contribution (\$) \$100.00  |
| Dallas, TX 75244                         |  |   |
| upation / Job title (See Instructions)   | 9 Employer (See Instruction  | s)  |
|  |  |   |
|  | totion Guide explains how to complete the gan D. (The Honorable)  5 Full name of contributor out-of-state PAC Young, Julia  6 Contributor address; City; State; Zip Code  Dallas, TX 75244 | gan D. (The Honorable)  5 Full name of contributor out-of-state PAC (ID#:) Young, Julia  6 Contributor address; City; State; Zip Code  Dallas, TX 75244 |

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

| The Instru                  | ction Guide explains how to complete this f  | orm.   | 1 Total pages Schedule A2:<br>Sch: 1/4 Rpt: 33/73  |  |  |  |
|-----------------------------|--|--|--|--|--|--|
| 2 FILER NAME<br>Meyer, Morg | gan D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers) 00069344 |  |  |  |  |
| 4 TOTAL OF                  | UNITEMIZED IN-KIND POLITICAL CONTRIB   | UTIONS   | \$   |  |  |  |
| 5 Date 01/30/2024           | Suit of state 17 to (12 m.   |  | 8 Amount of contribution (\$) description \$1,861.11 Text Messaging                              |  |  |  |
| 10 Principal occu           | Austin, TX 78701  upation / Job title (FOR NON-JUDICIAL) (See instructions)  | 11 Employer (FOR NON                           | Check if travel outside of Texas. Complete Schedule T.  I-JUDICIAL) (See instructions)           |  |  |  |
|                             |  |  |  |  |  |  |
| 12 Contributor's            | principal occupation (FOR JUDICIAL)  | 13 Contributor's job title                     | (FOR JUDICIAL) (See instructions)  |  |  |  |
| 14 Contributor's            | employer/law firm (FOR JUDICIAL)   | 15 Law firm of contribute                      | or's spouse (if any) (FOR JUDICIAL)  |  |  |  |
| <b>16</b> If contributor i  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  | l  |  |  |  |  |
| Date<br>02/20/2024          | Full name of contributor  out-of-state PAC (ID#: Associated Republicans of Texas Campaign Fur Contributor address; City; State; Zip Code | nd   | Amount of In-kind contribution contribution (\$) description \$25,000.00   Television Adversting |  |  |  |
|                             | Austin, TX 78701   |  | Check if travel outside of Texas. Complete Schedule T.   |  |  |  |
| Principal occu              | upation / Job title (FOR NON-JUDICIAL) (See instructions)  | Employer (FOR NON                              | I-JUDICIAL) (See instructions)   |  |  |  |
| Contributor's               | principal occupation (FOR JUDICIAL)  | Contributor's job title                        | (FOR JUDICIAL) (See instructions)  |  |  |  |
| Contributor's               | employer/law firm (FOR JUDICIAL)   | Law firm of contributo                         | or's spouse (if any) (FOR JUDICIAL)  |  |  |  |
| If contributor i            | s a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |  |  |  |  |  |
| Date<br>02/23/2024          | Full name of contributor out-of-state PAC (ID#:<br>Dade Phelan Campaign<br>Contributor address; City; State; Zip Code                    |  | Amount of In-kind contribution contribution (\$) description \$6,750.00   Campaign Polling       |  |  |  |
| Dringinal acqu              | Austin, TX 78763  pation / Job title (FOR NON-JUDICIAL) (See instructions)   | Employer (EOD NON                              | Check if travel outside of Texas. Complete Schedule T.   |  |  |  |
| Fillicipal occi             | upation / Job title (FOR NON-JUDICIAL) (See instructions)  | Employer (FOR NON                              | -30DICIAL) (See instructions)  |  |  |  |
| Contributor's               | principal occupation (FOR JUDICIAL)  | Contributor's job title                        | (FOR JUDICIAL) (See instructions)  |  |  |  |
| Contributor's               | employer/law firm (FOR JUDICIAL)   | Law firm of contribute                         | or's spouse (if any) (FOR JUDICIAL)  |  |  |  |
| If contributor i            | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  | •  |  |  |  |  |
|                             |  |  |  |  |  |  |

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

| The Instru        | ection Guide explains how to complete this t              | form.                      | 1 Total pages Schedule A2:<br>Sch: 2/4 Rpt: 34/73      |
|-------------------|---|----------------------------|--|
| 2 FILER NAME      |   |                            | 3 Filer ID (Ethics Commission Filers)                  |
| Meyer, Mor        | gan D. (The Honorable)                                    |                            | 00069344   |
| 4 TOTAL OF        | UNITEMIZED IN-KIND POLITICAL CONTRIB                      | UTIONS                     | \$   |
| <b>5</b> Date     | 6 Full name of contributor out-of-state PAC (ID#:         |                            | 8 Amount of 9 In-kind contribution                     |
| 02/15/2024        | Greg Abbott Campaign                                      |                            | contribution (\$) description \$438.70 Data            |
|                   | 7 Contributor address; City; State; Zip Code              |                            | 1 \$450.701Data  |
|                   |   |                            |  |
|                   |   |                            | _  |
|                   | Austin, TX 78767  | i                          | Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON       | N-JUDICIAL) (See instructions)                         |
| 12 Contributor's  | principal occupation (FOR JUDICIAL)                       | 13 Contributor's job title | (FOR JUDICIAL) (See instructions)                      |
|                   |   |                            |  |
| 14 Contributor's  | employer/law firm (FOR JUDICIAL)                          | 15 Law firm of contribute  | or's spouse (if any) (FOR JUDICIAL)                    |
|                   |   |                            |  |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                            |  |
|                   |   |                            |  |
| Date              | Full name of contributor out-of-state PAC (ID#:           | )                          | Amount of In-kind contribution                         |
| 02/15/2024        | Greg Abbott Campaign                                      |                            | contribution (\$) description                          |
|                   | Contributor address; City; State; Zip Code                |                            | \$35,096.00   Digital Ads                              |
|                   | , ,, , ,  |                            | !  |
|                   |   |                            | į į  |
|                   | Austin, TX 78767  |                            | Check if travel outside of Texas. Complete Schedule T. |
| Principal occu    | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON          | N-JUDICIAL) (See instructions)                         |
|                   |   |                            |  |
| Contributor's     | principal occupation (FOR JUDICIAL)                       | Contributor's job title    | (FOR JUDICIAL) (See instructions)                      |
|                   |   |                            |  |
| Contributor's     | employer/law firm (FOR JUDICIAL)                          | Law firm of contribute     | or's spouse (if any) (FOR JUDICIAL)                    |
|                   |   |                            |  |
| If contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                            |  |
|                   |   |                            |  |
| Date              | Full name of contributor out-of-state PAC (ID#:           | )                          | Amount of In-kind contribution                         |
| 02/21/2024        | TREPAC  |                            | contribution (\$) description                          |
|                   | Contributor address; City; State; Zip Code                |                            | \$3,966.78 Campaign Text Messages                      |
|                   |   |                            |  |
|                   |   |                            | į į  |
|                   | Austin, TX 78768  |                            | Check if travel outside of Texas. Complete Schedule T. |
| Principal occı    | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON          | N-JUDICIAL) (See instructions)                         |
|                   |   |                            |  |
| Contributor's     | principal occupation (FOR JUDICIAL)                       | Contributor's job title    | (FOR JUDICIAL) (See instructions)                      |
|                   |   |                            |  |
| Contributor's     | employer/law firm (FOR JUDICIAL)                          | Law firm of contribute     | or's spouse (if any) (FOR JUDICIAL)                    |
|                   |   |                            |  |
| If contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                            |  |
|                   |   |                            |  |
|                   |   |                            |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

| The Instru                  | ction Guide explains how to complete this f  | 1 Total pages Schedule A2:<br>Sch: 3/4 Rpt: 35/73        |   |  |  |  |
|-----------------------------|--|--|---|--|--|--|
| 2 FILER NAME<br>Meyer, Morg | gan D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers) 00069344           |   |  |  |  |
| 4 TOTAL OF                  | UNITEMIZED IN-KIND POLITICAL CONTRIB   | UTIONS   | \$  |  |  |  |
| 5 Date 02/15/2024           | 7 Contributor address; City; State; Zip Code   | )  | 8 Amount of contribution (\$)   9 In-kind contribution description   \$252.12   Voter Phone Data   Reconciliation |  |  |  |
| 10 Dringing Loop            | Austin, TX 78768  upation / Job title (FOR NON-JUDICIAL) (See instructions)  | 11 Employer (FOR NON                                     | Check if travel outside of Texas. Complete Schedule T.  -JUDICIAL) (See instructions)                             |  |  |  |
| 10 Principal occi           | apation 7 300 title (POR NON-30DICIAL) (See instructions)  | TI Employer (FOR NON                                     | -JUDICIAL) (See Instructions)   |  |  |  |
| 12 Contributor's            | principal occupation (FOR JUDICIAL)  | 13 Contributor's job title                               | (FOR JUDICIAL) (See instructions)   |  |  |  |
| 14 Contributor's            | employer/law firm (FOR JUDICIAL)   | 15 Law firm of contributo                                | or's spouse (if any) (FOR JUDICIAL)   |  |  |  |
| <b>16</b> If contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |  |   |  |  |  |
| Date<br>02/14/2024          | Full name of contributor out-of-state PAC (ID#:<br>Texans for Lawsuit Reform PAC<br>Contributor address; City; State; Zip Code |  | Amount of In-kind contribution contribution (\$) description \$6,750.00 Campaign Polling                          |  |  |  |
|                             | Austin, TX 78701   |  | Check if travel outside of Texas. Complete Schedule T.  |  |  |  |
| Principal occu              | upation / Job title (FOR NON-JUDICIAL) (See instructions)  | Employer (FOR NON  | -JUDICIAL) (See instructions)   |  |  |  |
| Contributor's               | principal occupation (FOR JUDICIAL)  | Contributor's job title                                  | (FOR JUDICIAL) (See instructions)   |  |  |  |
| Contributor's               | employer/law firm (FOR JUDICIAL)   | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |   |  |  |  |
| If contributor              | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |  |   |  |  |  |
| Date<br>02/20/2024          | Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code       |  | Amount of In-kind contribution contribution (\$) description \$200,000.00 Political Advertising                   |  |  |  |
| 5                           | Austin, TX 78701   | 5 / (505 ) (01   | Check if travel outside of Texas. Complete Schedule T.  |  |  |  |
| Principal occu              | upation / Job title (FOR NON-JUDICIAL) (See instructions)  | Employer (FOR NON  | -JUDICIAL) (See instructions)   |  |  |  |
| Contributor's               | principal occupation (FOR JUDICIAL)  | Contributor's job title                                  | (FOR JUDICIAL) (See instructions)   |  |  |  |
| Contributor's               | employer/law firm (FOR JUDICIAL)   | Law firm of contributo                                   | or's spouse (if any) (FOR JUDICIAL)   |  |  |  |
| If contributor              | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |  |   |  |  |  |
|                             |  |  |   |  |  |  |

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 36/73 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Meyer, Morgan D. (The Honorable) 00069344 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/13/2024 Texas Farm Bureau Agfund \$5.75 I AGFUN website 7 Contributor address; City; State; Zip Code endorsement placement Waco, TX 76702 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |               | Legal Servi         |                       |                     | Wages    | s/Contract Labor |       | Travel Out of Di<br>OTHER (enter a | istrict<br>a category not listed a | pove)                                   |
|---|--|---------------|---------------------|-----------------------|---------------------|----------|------------------|-------|------------------------------------|------------------------------------|---|
| 1 | Total pages Schedule F1:   | 2 FILE        | 2 NAME              |                       |                     |          |                  | 3     | Filer ID                           | (Ethics Commiss                    | sion Filers)                            |
| • | Sch: 1/31 Rpt: 37/73   |               | er, Morgan D. (     | The Honorab           | le)                 |          |                  |       | 00069344                           | (Etillos Commiss                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 4 | Date   | <b>5</b> Paye | e name              |                       |                     |          |                  |       |                                    |                                    |   |
|   | 02/12/2024   | 7-Ele         |                     |                       |                     |          |                  |       |                                    |                                    |   |
| 6 | Amount (\$)  | <b>7</b> Paye | e address;       C  | ity;                  | State; Zip Co       | ode      |                  |       |                                    |                                    |   |
|   | \$40.08  | 5601          | Lemmon Ave          |                       |                     |          |                  |       |                                    |                                    |   |
|   |  |               |                     |                       |                     |          |                  |       |                                    |                                    |   |
|   |  | Dalla         | as, TX 75209        |                       |                     |          |                  |       |                                    |                                    |   |
| 8 | PURPOSE  | (a) Cate      | Ory (See Categorie  | a liated at the top o | f this sahadula)    | (b)      | Description      |       |                                    |                                    |   |
|   | OF   |               | ertising Expense    |                       | ir triis scriedule) | (-,      |                  | outsi | de of Texas. Con                   | nplete Schedule T.                 |   |
|   | EXPENDITURE  | 71000         | rtising Expense     | •                     |                     |          |                  |       | officeholder livin                 |                                    |   |
|   |  |               |                     |                       |                     |          | Gas for cama     | apig  | ın staff deliv                     | ering yard sigi                    | าร                                      |
|   |  |               |                     |                       |                     |          |                  |       |                                    |                                    |   |
| 9 | Complete ONLY if direct  |               | late/Officeholder   | name                  | Office sou          | ught     |                  |       | Office h                           | eld                                |   |
|   | expenditure to benefit C/OI  | l             |                     |                       |                     |          |                  |       |                                    |                                    |   |
|   | Date   | Pave          | e name              |                       |                     |          |                  |       |                                    |                                    |   |
|   | 02/16/2024   | 7-Ele         |                     |                       |                     |          |                  |       |                                    |                                    |   |
|   | Amount (\$)  |               |                     | ity;                  | State; Zip Co       | ahe      |                  |       |                                    |                                    |   |
|   | ` '  | •             | ·                   | •                     | State, Zip Ct       | oue      |                  |       |                                    |                                    |   |
|   | \$63.09  | 8010          | Southwestern        | Boulevaru             |                     |          |                  |       |                                    |                                    |   |
|   |  |               |                     |                       |                     |          |                  |       |                                    |                                    |   |
|   |  | Dalla         | ıs, TX 75206        |                       |                     |          |                  |       |                                    |                                    |   |
|   | PURPOSE  | (a) Cate      | gory (See Categorie | s listed at the top o | f this schedule)    | (b)      | Description      |       |                                    |                                    |   |
|   | OF<br>EXPENDITURE  | Trav          | el In District      |                       |                     |          |                  |       |                                    | nplete Schedule T.                 |   |
|   |  |               |                     |                       |                     |          | <b>—</b>         |       | officeholder livin                 |                                    |   |
|   |  |               |                     |                       |                     |          | rravei expen     | se    | ior campaig                        | ın staff for trav                  | ei to Dalias                            |
|   |  |               |                     |                       |                     | <u> </u> |                  |       |                                    |                                    |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                  |               | late/Officeholder   | name                  | Office sou          | ught     |                  |       | Office h                           | eld                                |   |
|   |  | •             |                     |                       |                     |          |                  |       |                                    |                                    |   |
|   | Date   | Paye          | e name              |                       |                     |          |                  |       |                                    |                                    |   |
|   | 02/21/2024   | Adol          | oe                  |                       |                     |          |                  |       |                                    |                                    |   |
|   | Amount (\$)  | Paye          | e address; C        | ity;                  | State; Zip Co       | ode      |                  |       |                                    |                                    |   |
|   | \$25.97  | 345           | Park Avenue         |                       |                     |          |                  |       |                                    |                                    |   |
|   |  |               |                     |                       |                     |          |                  |       |                                    |                                    |   |
|   |  | San           | Jose, CA 9511       | )                     |                     |          |                  |       |                                    |                                    |   |
|   | PURPOSE  | (a) Cate      | GORY (See Categorie | s listed at the top o | of this schedule)   | (b)      | Description      |       |                                    |                                    |   |
|   | OF   |               | e Overhead/Re       |                       |                     | ` `      |                  | outsi | de of Texas. Con                   | nplete Schedule T.                 |   |
|   | EXPENDITURE  |               |                     | •                     |                     |          | _                |       | officeholder livin                 |                                    |   |
|   |  |               |                     |                       |                     |          | Online office    | sup   | port softwa                        | are for campaig                    | n                                       |
| L |  |               |                     |                       |                     |          |                  |       |                                    |                                    |   |
|   | Complete ONLY if direct  |               | late/Officeholder   | name                  | Office sou          | ught     |                  |       | Office h                           | eld                                |   |
|   | expenditure to benefit C/OI  | I             |                     |                       |                     |          |                  |       |                                    |                                    |   |
|   |  |               |                     |                       |                     |          |                  |       |                                    |                                    |   |
|   |  |               |                     |                       |                     |          |                  |       |                                    |                                    |   |
|   |  |               |                     |                       |                     |          |                  |       |                                    |                                    |   |

### SCHEDULE F1

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

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

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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |     |
|---|--|---|-----|
| 1 | Total names Schodule F1:   |   | ·s) |
|   | Total pages Schedule F1:<br>Sch: 2/31 Rpt: 38/73   | Meyer, Morgan D. (The Honorable)    3 Filer ID (Ethics Commission Filer   00069344  | 3)  |
| 4 | Date   | 5 Payee name  |     |
|   | 01/31/2024   | Allyn Political   |     |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |     |
|   | \$5,268.67   | 3838 Oak Lawn Ave.  |     |
|   |  | Suite 400   |     |
|   |  | Dallas, TX 75219  |     |
| 8 | PURPOSE  |   |     |
| ľ | OF   | (a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |     |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |     |
|   |  | Campaign Consulting Fee   |     |
|   |  |   |     |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held OH  |     |
|   | Date   | Payee name  |     |
|   | 01/31/2024   | Allyn Political   |     |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |     |
|   | \$30,835.50  | 3838 Oak Lawn Ave.  |     |
|   |  | Suite 400   |     |
|   |  | Dallas, TX 75219  |     |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |     |
|   | OF<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |     |
|   | EXPENDITORE  | Check if Austin, TX, officeholder living expense  |     |
|   |  | Campaign TV ad placement  |     |
|   | Operation ONLY if allowed  | Overlights 10ff on holder covers  |     |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held OH  |     |
|   | Date   | Payee name  |     |
|   | 02/01/2024   | Allyn Political   |     |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |     |
|   | \$1,082.62   | 3838 Oak Lawn Ave.  |     |
|   |  | Suite 400   |     |
|   |  | Dallas, TX 75219  |     |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |     |
|   | OF<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |     |
|   |  | Campaign shirts & caps for campaign workers   |     |
|   |  | Campaign shirts & caps for campaign workers   |     |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |     |
|   | expenditure to benefit C/OI  |   |     |
|   |  |   |     |
|   |  |   |     |
|   |  |   |     |

## SCHEDULE F1

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

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

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 3/31 Rpt: 39/73                                   | Meyer, Morgan D. (The Honorable) 00069344  |
| 4 | Date   | 5 Payee name   |
|   | 02/01/2024   | Allyn Political  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$15,717.25  | 3838 Oak Lawn Ave.   |
|   |  | Suite 400  |
|   |  | Dallas, TX 75219   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Creative, printing for campaign mailer   |
|   |  | Creative, printing for eampaign mailer   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
|   |  |  |
|   | Date   | Payee name   |
|   | 02/01/2024   | Allyn Political  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$11,824.11  | 3838 Oak Lawn Ave.   |
|   |  | Suite 400  |
|   |  | Dallas, TX 75219   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  Grassroots Camvassing  |
|   |  | Grassioots Carrivassing  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            | <del>-</del>   |
|   | Date   | Payee name   |
|   | 02/01/2024   | Allyn Political  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$12,242.50  | 3838 Oak Lawn Ave.   |
|   |  | Suite 400  |
|   |  | Dallas, TX 75219   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Creative, printing for campaign mailer   |
|   |  | Creative, printing for campaign mailer   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            |  |
|   |  |  |
|   |  |  |
|   |  |  |

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 4/31 Rpt: 40/73                                   | Meyer, Morgan D. (The Honorable) 00069344   |
| 4 | Date   | 5 Payee name  |
|   | 02/01/2024   | Allyn Political   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$2,851.19   | 3838 Oak Lawn Ave.  |
|   |  | Suite 400   |
|   |  | Dallas, TX 75219  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense   |
|   | LAI LINDITORE  | Check if Austin, TX, officeholder living expense  |
|   |  | Creative, printig for campaigh pushcard   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 9 | expenditure to benefit C/OI                            |   |
|   | Date   | Payee name  |
|   | 02/01/2024   | Allyn Political   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$14,600.00  | 3838 Oak Lawn Ave.  |
|   |  | Suite 400   |
|   |  | Dallas, TX 75219  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   | -  | Compaign video filming and editing  |
|   |  | Campaign video filming and editing  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   | Date   | Payee name  |
|   | 02/01/2024   | Allyn Political   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$16,763.25  | 3838 Oak Lawn Ave.  |
|   |  | Suite 400   |
|   |  | Dallas, TX 75219  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense   |
|   | EXI ENDITORE   | Check if Austin, TX, officeholder living expense  |
|   |  | Creative, Printing of campaign doorhangers  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   |  |   |
|   |  |   |
|   |  |   |

## SCHEDULE F1

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

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

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |   |
|---|--|--|---|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   | _ |
|   | Sch: 5/31 Rpt: 41/73                                   | Meyer, Morgan D. (The Honorable) 00069344  |   |
| 4 | Date   | 5 Payee name   |   |
|   | 02/01/2024   | Allyn Political  |   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |   |
|   | \$30,845.50  | 3838 Oak Lawn Ave.   |   |
|   |  | Suite 400  |   |
|   |  | Dallas, TX 75219   |   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |   |
|   |  | Check if Austin, TX, officeholder living expense  Campaign TV ad placement   |   |
|   |  | Campaign 1V au placement   |   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  | _ |
|   | expenditure to benefit C/Ol                            | <del></del>  |   |
|   | Date   | Payee name   |   |
|   | 02/09/2024   | Allyn Political  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |   |
|   | \$53,375.00  | 3838 Oak Lawn Ave.   |   |
|   |  | Suite 400  |   |
|   |  | Dallas, TX 75219   |   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |   |
|   |  | Check if Austin, TX, officeholder living expense  Campaign digital advertising design and placement  |   |
|   |  | Campaigh digital advertising design and placement  |   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  | - |
|   | expenditure to benefit C/O                             | <del>1</del>   |   |
|   | Date   | Payee name   | _ |
|   | 02/09/2024   | Allyn Political  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |   |
|   | \$25,537.29  | 3838 Oak Lawn Ave.   |   |
|   |  | Suite 400  |   |
|   |  | Dallas, TX 75219   |   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |   |
|   |  | Check if Austin, TX, officeholder living expense   |   |
|   |  | Creative, printing, postage for campaign mailer  |   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  | - |
|   | expenditure to benefit C/O                             |  |   |
|   |  |  | _ |
|   |  |  |   |
|   |  |  |   |

## SCHEDULE F1

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

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

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.  |
|---|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 6/31 Rpt: 42/73                                   | Meyer, Morgan D. (The Honorable) 00069344  |
| 4 | Date   | 5 Payee name   |
|   | 02/09/2024   | Allyn Political  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$25,537.29  | 3838 Oak Lawn Ave.   |
|   |  | Suite 400  |
|   |  | Dallas, TX 75219   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|   |  | Creative, printing, postage for campaign mailer  |
|   |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
|   | experialitire to benefit C/Oi                          |  |
|   | Date   | Payee name   |
|   | 02/09/2024   | Allyn Political  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$25,537.29  | 3838 Oak Lawn Ave.   |
|   |  | Suite 400  |
|   |  | Dallas, TX 75219   |
| _ | PURPOSE  | I  |
|   | OF   | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|   |  | Creative, printing, postage for campaign mailer  |
|   |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            | 1  |
|   | Date   | Payee name   |
|   | 02/09/2024   | Allyn Political  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$30,000.00  | 3838 Oak Lawn Ave.   |
|   |  | Suite 400  |
|   |  | Dallas, TX 75219   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF   | Advertising Expense  |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|   |  | Campaign digital advertising design and placement  |
|   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
|   | experialitie to belieff C/Of                           | <u> </u>   |
|   |  |  |
|   |  |  |
|   |  |  |

#### SCHEDULE F1

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00069344 Sch: 7/31 Rpt: 43/73 Meyer, Morgan D. (The Honorable) 4 Date Payee name 02/09/2024 Allyn Political 6 Amount (\$) Payee address; State; Zip Code \$22,737.81 3838 Oak Lawn Ave. Suite 400 Dallas, TX 75219 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Grassroots Canvassing** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/13/2024 Allyn Political Amount (\$) Payee address; City; State; Zip Code \$25,537.29 3838 Oak Lawn Ave. Suite 400 Dallas, TX 75219 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Creative, printing, postage for campaign mailer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/13/2024 Allyn Political Amount (\$) Payee address: City: State; Zip Code \$10,000.00 3838 Oak Lawn Ave. Suite 400 Dallas, TX 75219 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign digital advertising design and placement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

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

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 8/31 Rpt: 44/73                                   | Meyer, Morgan D. (The Honorable) 00069344   |
| 4 | Date   | 5 Payee name  |
|   | 02/13/2024   | Allyn Political   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$5,000.00   | 3838 Oak Lawn Ave.  |
|   |  | Suite 400   |
|   |  | Dallas, TX 75219  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | -  | Campaign consulting fee   |
|   |  | Campaigh consulting lee   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | H   |
|   | Date   | Payee name  |
|   | 02/13/2024   | Allyn Political   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$14,446.30  | 3838 Oak Lawn Ave.  |
|   |  | Suite 400   |
|   |  | Dallas, TX 75219  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense   |
|   |  | Creative printing poets of a compaign mailer  |
|   |  | Creative, printing, postage for campaign mailer   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   | Date   | Payee name  |
|   | 02/13/2024   | Allyn Political   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$25,537.29  | 3838 Oak Lawn Ave.  |
|   |  | Suite 400   |
|   |  | Dallas, TX 75219  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense   |
|   | ZA ZHOHOKZ   | Check if Austin, TX, officeholder living expense  |
|   |  | Creative, printing, postage for campaign mailer   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   |  |   |
|   |  |   |
|   |  |   |

### SCHEDULE F1

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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| _ |  | · · · · · · · · · · · · · · · · · · ·  |  |
| 1 | Total pages Schedule F1:<br>Sch: 9/31 Rpt: 45/73   | 2 FILER NAME Meyer, Morgan D. (The Honorable)                                    | Filer ID (Ethics Commission Filers) 00069344                     |
| 4 | Date   | 5 Payee name   |  |
|   | 02/15/2024   | Allyn Political  |  |
| 6 | Amount (\$)<br>\$5,900.00  | 7 Payee address; City; State; Zip Code<br>3838 Oak Lawn Ave.<br>Suite 400        |  |
|   |  | Dallas, TX 75219   |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|   | OF<br>EXPENDITURE  | Advertising Expense  | utside of Texas. Complete Schedule T.                            |
|   |  |  | TX, officeholder living expense                                  |
|   |  | Campaign digi  | tal advertising design and placement                             |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought  | Office held  |
|   | Date   | Payee name   |  |
|   | 02/22/2024   | Allyn Political  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |  |
|   | \$203,085.00   | 3838 Oak Lawn Ave.   |  |
|   |  | Suite 400  |  |
|   |  | Dallas, TX 75219   |  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|   | EXPENDITURE  | / dvertising Expense   | utside of Texas. Complete Schedule T.                            |
|   |  | Campaign TV  | rX, officeholder living expense                                  |
|   |  | Campaign 1   | ad pideement   |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought  | Office held  |
|   | Date   | Payee name   |  |
|   | 02/22/2024   | Allyn Political  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |  |
|   | \$7,436.43   | 3838 Oak Lawn Ave.   |  |
|   |  | Suite 400  |  |
|   |  | Dallas, TX 75219   |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|   | OF<br>EXPENDITURE  | / Advertising Expense  | utside of Texas. Complete Schedule T.                            |
|   |  | ·  | TX, officeholder living expense                                  |
|   |  | Creative, Print  | ing of campaign doorhangers                                      |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought  | Office held  |
|   | expenditure to benefit C/OI  | 1<br>  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

## SCHEDULE F1

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

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 10/31 Rpt: 46/73                                  | Meyer, Morgan D. (The Honorable) 00069344  |
| 4 | Date   | 5 Payee name   |
|   | 02/22/2024   | Allyn Political  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$5,000.00   | 3838 Oak Lawn Ave.   |
|   |  | Suite 400  |
|   |  | Dallas, TX 75219   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense  |
|   |  | Check if Austin, TX, officeholder living expense  Campaign video filming and editing   |
|   |  | Campaigh video mining and editing  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
|   | Date   |  |
|   | Date   | Payee name   |
|   | 02/22/2024   | Allyn Political  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$25,537.27  | 3838 Oak Lawn Ave.   |
|   |  | Suite 400  |
|   |  | Dallas, TX 75219   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense   |
|   |  | Creative, printing, postage for campaign mailer  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            | <del>1</del>   |
|   | Date   | Payee name   |
|   | 02/22/2024   | Allyn Political  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$23,037.29  | 3838 Oak Lawn Ave.   |
|   |  | Suite 400  |
|   |  | Dallas, TX 75219   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | 2/11/2/10/12   | Check if Austin, TX, officeholder living expense   |
|   |  | Creative, printing, postage for campaign mailer  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            |  |
|   |  |  |
|   |  |  |
|   |  |  |

### SCHEDULE F1

**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 Fees Food/Beverage Expense Gift/Awards/Memorials Ex<br>Legal Services The Instruction Guid | Office<br>Pollin<br>pense Printir<br>Salari   | Overhea<br>Expens<br>g Expens<br>es/Wage | se<br>s/Contract Labor |   | Travel in District<br>Travel Out of Dis | quipment & Related Expense                            |                            |
|---|---|--|---|--|------------------------|---|---|---|----------------------------|
| 1   | Total pages Schedule F1:                                  | 2 EII ED NI/   |   | •  |                        |   | 3                                       | Filer ID  | (Ethics Commission Filers) |
| -   | Sch: 11/31 Rpt: 47/73                                     | l  | Morgan D. (The Hono                           | rable)                                   |                        |   | 3                                       | 00069344  | (Luncs Commission Filers)  |
| 4   | Date  | 5 Payee na   | me  |  |                        |   |   |   |                            |
|   | 02/22/2024  | Allyn Pol  |   |  |                        |   |   |   |                            |
| 6   | Amount (\$)<br>\$28,621.46                                | 7 Payee ad<br>3838 Oa<br>Suite 40<br>Dallas, T   | k Lawn Ave.                                   | State; Zip                               | Code                   |   |   |   |                            |
| 8   | PURPOSE<br>OF<br>EXPENDITURE                              |  | (See Categories listed at the t<br>ng Expense | top of this schedule)                    | (b)                    |   | , TX,                                   | de of Texas. Com<br>officeholder living<br>vassing    | •                          |
| 9   | Complete <u>ONLY</u> if direct expenditure to benefit C/O |  | Officeholder name                             | Office s                                 | ought                  |   |   | Office he   | eld                        |
|   | Date 02/23/2024   | Payee na<br>Allyn Pol  |   |  |                        |   |   |   |                            |
|   |   |  |   | Ctata: 7in                               | Codo                   |   |   |   |                            |
|   | Amount (\$)   | Payee ad   |   | State; Zip                               | Code                   |   |   |   |                            |
|   | \$1,086.25  |  | k Lawn Ave.                                   |  |                        |   |   |   |                            |
|   |   | Suite 40   | )   |  |                        |   |   |   |                            |
|   |   | Dallas, T  | X 75219                                       |  |                        |   |   |   |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE                              |  | (See Categories listed at the t<br>ng Expense | op of this schedule)                     | (b)                    |   | , TX,                                   | de of Texas. Com<br>officeholder living<br>Vassing    |                            |
|   | Complete ONLY if direct expenditure to benefit C/Oh       |  | Officeholder name                             | Office                                   | l<br>sought            |   |   | Office he   | eld                        |
|   | Date  | Payee na   | me  |  |                        |   |   |   |                            |
|   | 02/08/2024  | Bakke, A   |   |  |                        |   | _                                       |   |                            |
|   | Amount (\$)<br>\$7,670.00                                 | Payee ad<br>11223 W  | dress; City;<br>onderland Tr.                 | State; Zip                               | Code                   |   |   |   |                            |
|   |   | Dallas, T  | X 75229                                       |  |                        |   |   |   |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE                              |  | (See Categories listed at the t<br>ng Expense | top of this schedule)                    | (b)                    | ш | , TX,                                   | de of Texas. Com<br>officeholder living<br>ulting Fee | •                          |
|   | Complete ONLY if direct expenditure to benefit C/O        |  | Officeholder name                             | Office s                                 | ought                  |   |   | Office he   | eld                        |
|   |   |  |   |  |                        |   |   |   |                            |

### SCHEDULE F1

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

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

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

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|----------|--|--|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|          | Sch: 12/31 Rpt: 48/73                                  | Meyer, Morgan D. (The Honorable) 00069344  |
| 4        | Date   | 5 Payee name   |
|          | 02/22/2024   | Buc-ee's   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$32.92  | 4155 N General Bruce Dr.   |
|          |  |  |
|          |  | Temple, TX 76501   |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | EXPENDITURE  | Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                    |
|          |  | Travel expense for campaign staff for travel to Dallas   |
|          |  | Traver expense for earnpuigh stain for traver to ballias   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| ľ        | expenditure to benefit C/OI                            |  |
| F        | Date   | Payee name   |
|          | 02/22/2024   | Byers, Jenna   |
| H        | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$1,700.00   | 2610 Allen Street  |
|          | , ,  | Apt. 1508  |
|          |  | Dallas, TX 75204   |
| L        | DUDDOOF  | T <sub>m</sub> ,   |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.        |
|          | EXPENDITURE  | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                        |
|          |  | Contract labor for campaign services   |
|          |  |  |
| Н        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                            | <del>1</del>   |
| Г        | Date   | Payee name   |
|          | 02/20/2024   | Chevron Gas Station  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$40.00  | 4151 N Central Expy  |
|          |  |  |
|          |  | Dallas, TX 75205   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense   |
|          |  | Gas for camapign staff delivering yard signs   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                            | <b>y</b>   |
| $\vdash$ |  |  |
| 1        |  |  |
|          |  |  |

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| l | Credit Card Payment  | The Instruction Guide explains how to co   | mple | ete this form.  |
|---|--|--|------|---|
| 1 | Total pages Schedule F1:<br>Sch: 13/31 Rpt: 49/73          | 2 FILER NAME Meyer, Morgan D. (The Honorable)  |      | 3 Filer ID (Ethics Commission Filers) 00069344  |
| 4 | Date 02/20/2024  | 5 Payee name<br>Chevron  |      | I   |
| 6 | Amount (\$)<br>\$66.85                                     | 7 Payee address; City; State; Zip Co<br>5701 McCommas Blvd.<br>Dallas, TX 75206        | de   |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Travel In District   | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel expense for campaign staff for travel to Dallas |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou   | ght  | Office held   |
|   | Date<br>02/22/2024   | Payee name<br>Chick-fil-A  |      |   |
|   | Amount (\$)<br>\$37.11                                     | Payee address; City; State; Zip Co<br>7718 N Central Expy.  Dallas, TX 75206           | de   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign meeting to discuss campaign issues            |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sou   | ght  | Office held   |
|   | Date 02/02/2024  | Payee name<br>Constant Contact   |      |   |
|   | Amount (\$)<br>\$288.89                                    | Payee address; City; State; Zip Co<br>1601 Trapelo Road                                | de   |   |
|   |  | Watham, MA 02451   |      |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  E-newsletter account for campaign                      |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sou   | ght  | Office held   |
|   |  |  |      |   |

### SCHEDULE F1

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

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

|   | Candidate/Officeholder/Politica                     |          |                  | Legal Services            |                         | ries/Wag | es/Contract Labor |        | OTHER (enter a                             | category not listed above) | )       |
|---|---|----------|------------------|---------------------------|-------------------------|----------|-------------------|--------|--|----------------------------|---------|
|   | Credit Card Payment                                 |          |                  | The Instruction Gu        | ide explains how t      | o comp   | lete this form.   |        |  |                            |         |
| 1 | Total pages Schedule F1:                            | 2        | FILER NAME       |                           |                         |          |                   | 3      | Filer ID                                   | (Ethics Commission         | Filers) |
|   | Sch: 14/31 Rpt: 50/73                               |          | Meyer, Morç      | jan D. (The Hon           | orable)                 |          |                   |        | 00069344                                   |                            |         |
| 4 | Date  | 5        | Payee name       |                           |                         |          |                   | _      |  |                            |         |
|   | 02/23/2024  |          | Courtyard by     | y Marriott                |                         |          |                   |        |  |                            |         |
| 6 | Amount (\$)   | 7        | Payee addres     | s; City;                  | State; Zip              | Code     |                   |        |  |                            |         |
|   | \$91.57   |          | 4165 Proton      | Drive                     |                         |          |                   |        |  |                            |         |
|   |   |          |                  |                           |                         |          |                   |        |  |                            |         |
|   |   |          | Addison, TX      | 75001                     |                         |          |                   |        |  |                            |         |
| 8 | PURPOSE   | (a)      | Category         | e Categories listed at th | - 4 446                 | (b       | ) Description     |        |  |                            |         |
|   | OF  | (")      | Se Travel In Dis |                           | e top of this schedule) | ("       | _ :               | outsi  | ide of Texas. Com                          | plete Schedule T.          |         |
|   | EXPENDITURE   |          |                  |                           |                         |          | Check if Austin   | ı, TX, | , officeholder living                      | g expense                  |         |
|   |   |          |                  |                           |                         |          |                   |        |  | vhile traveling for        |         |
|   |   |          |                  |                           |                         |          | campaign ac       | livil  | lies                                       |                            |         |
| 9 | Complete ONLY if direct expenditure to benefit C/OI |          | Candidate/Offic  | eholder name              | Office                  | sough    | t                 |        | Office he                                  | eld                        |         |
|   | experiorare to berieff C/O                          |          |                  |                           |                         |          |                   |        |  |                            |         |
|   | Date  |          | Payee name       |                           |                         |          |                   |        |  |                            |         |
|   | 02/18/2024  |          | Courtyard by     | y Marriott                |                         |          |                   |        |  |                            |         |
|   | Amount (\$)   |          | Payee addres     | s; City;                  | State; Zip              | Code     |                   |        |  |                            |         |
|   | \$90.97   |          | 4165 Proton      | Drive                     |                         |          |                   |        |  |                            |         |
|   |   |          |                  |                           |                         |          |                   |        |  |                            |         |
|   |   |          | Addison, TX      | 75001                     |                         |          |                   |        |  |                            |         |
|   | PURPOSE   | (a)      | Category (Se     | e Categories listed at th | e top of this schedule) | (b       | ) Description     |        |  |                            |         |
|   | OF<br>EXPENDITURE                                   |          | Travel In Dis    |                           |                         |          | <u> </u>          |        | ide of Texas. Com                          |                            |         |
|   | 2/11/2/10/12  |          |                  |                           |                         |          | ш                 |        | , officeholder living                      |                            |         |
|   |   |          |                  |                           |                         |          | campaign ac       |        |  | vhile traveling for        |         |
| _ | Complete ONLY if direct                             | <u> </u> | Candidate/Offic  | scholder name             | Office                  | sough    |                   |        | Office he                                  | ald                        |         |
|   | expenditure to benefit C/OI                         |          | Januluale/Onic   | enoluei name              | Office                  | Sougii   | L                 |        | Office fit                                 | eiu                        |         |
| _ |   | 1        |                  |                           |                         |          |                   |        |  |                            |         |
|   | Date  |          | Payee name       |                           |                         |          |                   |        |  |                            |         |
|   | 02/16/2024  |          | Expedia, Inc     |                           |                         |          |                   |        |  |                            |         |
|   | Amount (\$)   |          | Payee addres     | •                         | State; Zip              | Code     |                   |        |  |                            |         |
|   | \$116.93  |          | 1111 Exped       | ia Group Way              |                         |          |                   |        |  |                            |         |
|   |   |          |                  |                           |                         |          |                   |        |  |                            |         |
|   |   |          | Seattle, WA      | 98119                     |                         |          |                   |        |  |                            |         |
|   | PURPOSE<br>OF                                       | (a)      |                  | e Categories listed at th | e top of this schedule) | (b       | ) Description     |        |  |                            |         |
|   | EXPENDITURE   |          | Food/Bevera      | age Expense               |                         |          | ш                 |        | ide of Texas. Com<br>, officeholder living | •                          |         |
|   |   |          |                  |                           |                         |          |                   |        |  | while traveling for        |         |
|   |   |          |                  |                           |                         |          | campaign ac       |        |  |                            |         |
|   | Complete ONLY if direct                             |          | Candidate/Offic  | ceholder name             | Office                  | sough    | t                 |        | Office he                                  | eld                        |         |
|   | expenditure to benefit C/OI                         |          |                  |                           |                         | -        |                   |        |  |                            |         |
|   |   |          |                  |                           |                         |          |                   |        |  |                            |         |
|   |   |          |                  |                           |                         |          |                   |        |  |                            |         |
| I |   |          |                  |                           |                         |          |                   |        |  |                            |         |

### SCHEDULE F1

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

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

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

| Candidate/Officeholder/Political Committee Credit Card Payment |   |              | Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form. |               |      |              |      | OTHER (enter a                             | category not listed above) |   |
|--|---|--------------|---|---------------|------|--------------|------|--|----------------------------|---|
| 1  | Total pages Schedule F1:                            | 2 FILER NAM  | E   |               |      |              | 3    | Filer ID                                   | (Ethics Commission Filers) | ) |
|  | Sch: 15/31 Rpt: 51/73                               | Meyer, Mo    | rgan D. (The Honorab  | le)           |      |              |      | 00069344                                   |                            |   |
| 4  | Date  | 5 Payee name | 9   |               |      |              | •    |  |                            |   |
|  | 01/29/2024  | Extra Space  |   |               |      |              |      |  |                            |   |
| 6  | Amount (\$)   | 7 Payee addr | ess; City;  | State; Zip Co | ode  |              |      |  |                            | _ |
|  | \$382.00  | 4920 McKi    | nney Avenue   |               |      |              |      |  |                            |   |
|  |   |              |   |               |      |              |      |  |                            |   |
|  |   | Dallas, TX   |   |               |      |              |      |  |                            |   |
| 8  | PURPOSE<br>OF                                       |              | See Categories listed at the top o  |               | (b)  | Description  | outo | ide of Toyon Com                           | ploto Sabadula T           |   |
|  | EXPENDITURE   | Office Ove   | rhead/Rental Expense  | )             |      | _            |      | ide of Texas. Com<br>, officeholder living |                            |   |
|  |   |              |   |               |      | Campaign sto | ora  | ge units                                   |                            |   |
|  |   |              |   |               |      |              |      |  |                            |   |
| 9  | Complete ONLY if direct expenditure to benefit C/OI |              | ficeholder name   | Office sou    | ught |              |      | Office he                                  | eld                        |   |
| Г  | Date  | Payee name   | 9   |               |      |              |      |  |                            |   |
|  | 02/20/2024  | Extra Spac   | ce Storage  |               |      |              |      |  |                            |   |
|  | Amount (\$)   | Payee addr   | ess; City;  | State; Zip Co | ode  |              |      |  |                            |   |
|  | \$332.00  | 4920 McKi    | nney Avenue   |               |      |              |      |  |                            |   |
|  |   |              |   |               |      |              |      |  |                            |   |
|  |   | Dallas, TX   | 75204   |               |      |              |      |  |                            |   |
|  | PURPOSE<br>OF                                       | I            | See Categories listed at the top o  |               | (b)  | Description  | oute | ide of Texas. Com                          | ploto Schodulo T           |   |
|  | EXPENDITURE   | Office Ove   | rhead/Rental Expense  | )             |      |              |      | , officeholder living                      |                            |   |
|  |   |              |   |               |      | Campaign sto | ora  | ge units                                   |                            |   |
|  |   |              |   |               |      |              |      |  |                            |   |
|  | Complete ONLY if direct expenditure to benefit C/OI |              | ficeholder name   | Office sou    | ught |              |      | Office he                                  | eld                        |   |
| F  | Date  | Payee name   |   |               |      |              |      |  |                            | _ |
|  | 02/08/2024  | Extra Space  |   |               |      |              |      |  |                            |   |
| H  | Amount (\$)   | Payee addr   | ess; City;  | State; Zip Co | ode  |              |      |  |                            |   |
|  | \$217.00  | 1 1          | nney Avenue   | Otato, 2.p o  | -    |              |      |  |                            |   |
|  | ,   |              | , , ,   |               |      |              |      |  |                            |   |
|  |   | Dallas, TX   | 75204   |               |      |              |      |  |                            |   |
|  | PURPOSE<br>OF                                       |              | See Categories listed at the top o  |               | (b)  | Description  |      |  |                            |   |
|  | EXPENDITURE   | Office Ove   | rhead/Rental Expense  | )             |      |              |      | ide of Texas. Com<br>, officeholder livinç |                            |   |
|  |   |              |   |               |      | Campaign sto |      |  | у ехрепае                  |   |
| l  |   |              |   |               |      |              |      | J = 1                                      |                            |   |
| $\vdash$   | Complete ONLY if direct                             | Candidate/Of | ficeholder name   | Office sou    | ught |              |      | Office he                                  | eld                        |   |
|  | expenditure to benefit C/OI                         |              |   |               |      |              |      |  |                            |   |
| $\vdash$   |   |              |   |               |      |              |      |  |                            |   |
|  |   |              |   |               |      |              |      |  |                            |   |
|  |   |              |   |               |      |              |      |  |                            |   |

## SCHEDULE F1

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

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

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.   |
|---|---|---|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 16/31 Rpt: 52/73                               | Meyer, Morgan D. (The Honorable) 00069344   |
| 4 | Date  | 5 Payee name  |
|   | 02/12/2024  | Extra Space Storage   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
|   | \$230.00  | 4920 McKinney Avenue  |
|   |   |   |
|   |   | Dallas, TX 75204  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense  |
|   | EXI ENDITORE  | Check if Austin, TX, officeholder living expense  |
|   |   | Campaign storage units  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
| 9 | Complete ONLY if direct expenditure to benefit C/OH |   |
|   |   |   |
|   | Date  | Payee name  |
|   | 02/09/2024  | Genesis Women's Shelter and Support   |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$100.00  | 2023 Lucas Dr   |
|   |   |   |
|   |   | Dallas, TX 75219  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                   | Fees Check if travel outside of Texas. Complete Schedule T.   |
|   |   | Check if Austin, TX, officeholder living expense  Yearly Membership Dues  |
|   |   | really Membership Bues  |
| _ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                          |   |
| _ | Date  | Payee name  |
|   | 01/30/2024  | Give Butter   |
|   | Amount (\$)   |   |
|   | \$618.23  | Payee address; City; State; Zip Code 2020 Pennsylvania Ave NW   |
|   | Ψ010.23   | 2020 I Chinayivania Ave ivw   |
|   |   | Suito 401   |
| l |   | Suite 401   |
|   |   | Washington, DC 20006  |
|   | PURPOSE<br>OF                                       | Washington, DC 20006  (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | Washington, DC 20006  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T.   |
|   | OF  | Washington, DC 20006  (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
|   | OF  | Washington, DC 20006  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |
|   | OF<br>EXPENDITURE  Complete ONLY if direct          | Washington, DC 20006  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Two tickets for campaign staff to attend district event  Candidate/Officeholder name Office sought Office held |
|   | OF<br>EXPENDITURE                                   | Washington, DC 20006  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Two tickets for campaign staff to attend district event  Candidate/Officeholder name Office sought Office held |
|   | OF<br>EXPENDITURE  Complete ONLY if direct          | Washington, DC 20006  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Two tickets for campaign staff to attend district event  Candidate/Officeholder name Office sought Office held |
|   | OF<br>EXPENDITURE  Complete ONLY if direct          | Washington, DC 20006  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Two tickets for campaign staff to attend district event  Candidate/Officeholder name Office sought Office held |

## SCHEDULE F1

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

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

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to comple                         | ete this form.   |
|---|---|--|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 17/31 Rpt: 53/73                               | Meyer, Morgan D. (The Honorable)                                     | 00069344   |
| 4 | Date  | 5 Payee name   |  |
|   | 02/02/2024  | Google Suite   |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                               |  |
|   | \$61.25   | 1600 Amphitheatre Parkway  |  |
|   |   |  |  |
|   |   | Mountain View, CA 94043  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense                                       | Check if travel outside of Texas. Complete Schedule T.   |
|   |   |  | Check if Austin, TX, officeholder living expense  Campaign email system                                  |
|   |   |  | ounpaign ontain system   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                            | Office held  |
|   | expenditure to benefit C/OI                         |  |  |
| _ | Date  | Payee name   |  |
|   | 02/05/2024  | Hotels.com   |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
|   | \$272.73  | 5400 LBJ Freeway   |  |
|   |   | Ste. 500   |  |
|   |   | Dallas, TX 75240   |  |
|   | PURPOSE   |  | Description  |
|   | OF  | Travel Out of District   | Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   |  | Check if Austin, TX, officeholder living expense   |
|   |   |  | Lodging for officeholder while traveling for officeholder activities                                     |
|   |   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                            | Office held  |
|   |   |  |  |
|   | Date  | Payee name   |  |
|   | 02/16/2024  | Jack Boles Parking   |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
|   | \$4.00  | 8150 Brookriver Dr   |  |
|   |   | #140   |  |
|   |   | Dallas, TX 75247   |  |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
|   | EXPENDITURE   | Fees   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |  | Parking for campaign staff while attending event in  |
|   |   |  | district   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                            | Office held  |
|   | expenditure to benefit C/OI                         | 1  |  |
|   |   |  |  |
|   |   |  |  |
| 1 |   |  |  |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|---|--|--|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| 1 | Sch: 18/31 Rpt: 54/73  | 2 FILER NAME Meyer, Morgan D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069344  |
| 4 | Date   | 5 Payee name   |
|   | 02/21/2024   | Jennifer for Chair   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$5,000.00   | 5310 Harvest Hill  |
|   |  | Suite 229  |
|   |  | Dallas, TX 75230   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE  | Candidate/Officeholder/Political Committee   |
|   |  | Contribution to Jennifer for Chair campaign  |
|   |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol                                 | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 02/05/2024   | Jersey Mike's Subs   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$23.89  | 1000 East 41 Street  |
|   |  | Suite 235  |
|   |  | Austin, TX 78751   |
|   | PURPOSE  |  |
|   | OF   | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |  | Office Lunch for Capitol staff   |
|   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 02/24/2024   | Jersey Mike's  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$31.98  | 8411 Preston Rd  |
|   |  |  |
|   |  | Dallas, TX 75225   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |  | Meeting with officeholders to discuss officeholder   |
|   |  | issues   |
| _ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI  |  |
|   |  |  |
|   |  |  |
|   |  |  |

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditary/Officebudge/Political Committee

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

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

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

|          | Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.   |
|----------|--|---|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 19/31 Rpt: 55/73                                  | Meyer, Morgan D. (The Honorable) 00069344   |
| 4        | Date   | 5 Payee name  |
|          | 01/29/2024   | Jotform   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$10.75  | 1750 Montgomery Street  |
|          |  |   |
|          |  | San Francisco, CA 94111   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|          |  | Contribution form fees for campaign website   |
|          |  | Contabation form 1000 for campaign woodie   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| ľ        | expenditure to benefit C/O                             |   |
| _        | Date   | Payee name  |
|          | 02/21/2024   | La Quinta Inn & Suites  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$166.80   | 10001 N Central Expy.   |
|          | φ100.00  | 10001 N Central Expy.   |
|          |  | Dallas, TX 75231  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF   | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|          | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|          |  | Lodging for campaign staff while traveling for campaign activities  |
|          |  |   |
|          | Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held   |
|          | experiantare to benefit e/or                           |   |
|          | Date   | Payee name  |
|          | 02/14/2024   | Mockingbird Elementary  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$250.00   | 5828 E. Mockingbird Lane  |
|          |  |   |
|          |  | Dallas, TX 75206  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Candidate/Officeholder/Political Committee  |
|          |  | Campaigh donation to wockingshid 1 174  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
|          |  |   |
|          |  |   |
|          |  |   |

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

|   | Candidate/Officeholder/Politica Credit Card Payment |     |                 | Legal Services            |                            | ries/Wag | ense<br>ges/Contract Labor |       | OTHER (enter a        | strict<br>a category not listed abov | ve)       |
|---|---|-----|-----------------|---------------------------|----------------------------|----------|----------------------------|-------|-----------------------|--------------------------------------|-----------|
|   | Credit Gard F dyment                                |     |                 | The Instruction Gu        | iide explains how t        | o com    | plete this form.           |       |                       |                                      |           |
| 1 | Total pages Schedule F1:                            | 2   | FILER NAME      |                           |                            |          |                            | 3     | Filer ID              | (Ethics Commissio                    | n Filers) |
|   | Sch: 20/31 Rpt: 56/73                               |     | Meyer, Morg     | gan D. (The Hor           | norable)                   |          |                            |       | 00069344              |                                      |           |
| 4 | Date  | 5   | Payee name      |                           |                            |          |                            |       |                       |                                      |           |
|   | 02/23/2024  |     | Open Phone      | e                         |                            |          |                            |       |                       |                                      |           |
| 6 | Amount (\$)   | 7   | Payee addres    | ss; City;                 | State; Zip                 | Code     | <br>e                      |       |                       |                                      |           |
|   | \$10.00   |     | 149 New Mo      | ontgomery Stree           | et                         |          |                            |       |                       |                                      |           |
|   |   |     |                 |                           |                            |          |                            |       |                       |                                      |           |
|   |   |     | San Francis     | co, CA 94105              |                            |          |                            |       |                       |                                      |           |
| 8 | PURPOSE   | (a) |                 |                           |                            | - I (t   | b) Description             |       |                       |                                      |           |
| ľ | OF  | (س) |                 | e Categories listed at th |                            | ,,       | :                          | outs  | ide of Texas. Com     | plete Schedule T.                    |           |
|   | EXPENDITURE   |     | Office Overi    | icaa/rentai Exp           | ochise                     |          |                            |       | , officeholder living |                                      |           |
|   |   |     |                 |                           |                            |          | Campaign pl                | hon   | e subscripti          | on                                   |           |
|   |   |     |                 |                           |                            |          |                            |       |                       |                                      |           |
| 9 | Complete ONLY if direct                             |     | Candidate/Offic | ceholder name             | Office                     | sough    | nt                         |       | Office h              | eld                                  |           |
|   | expenditure to benefit C/OI                         | Н   |                 |                           |                            |          |                            |       |                       |                                      |           |
|   | Date  |     | Payee name      |                           |                            |          |                            |       |                       |                                      |           |
|   | 02/20/2024  |     | Origin Bank     |                           |                            |          |                            |       |                       |                                      |           |
|   | Amount (\$)   |     | Payee addres    | ss; City;                 | State; Zip                 | Code     | e                          |       |                       |                                      |           |
|   | \$15.00   |     | 3838 Oak La     | awn Avenue                |                            |          |                            |       |                       |                                      |           |
|   |   |     | Ste 100         |                           |                            |          |                            |       |                       |                                      |           |
|   |   |     | Dallas, TX 7    | 5219                      |                            |          |                            |       |                       |                                      |           |
|   | PURPOSE   | (a) |                 | e Categories listed at th | as top of this spheriule)  | ſŧ       | b) Description             |       |                       |                                      |           |
|   | OF  | '   | Fees            | e Calegories listed at tr | ie top of triis scriedule) |          | `                          | outs  | ide of Texas. Com     | nplete Schedule T.                   |           |
|   | EXPENDITURE   |     | . 000           |                           |                            |          | Check if Austir            | n, TX | , officeholder living | g expense                            |           |
|   |   |     |                 |                           |                            |          | Campaign B                 | ank   | Fees                  |                                      |           |
|   |   |     |                 |                           |                            |          |                            |       |                       |                                      |           |
|   | Complete ONLY if direct expenditure to benefit C/OI |     | Candidate/Offic | ceholder name             | Office                     | sough    | nt                         |       | Office h              | eld                                  |           |
|   | experiulture to beliefit C/OI                       |     |                 |                           |                            |          |                            |       |                       |                                      |           |
|   | Date  |     | Payee name      |                           |                            |          |                            |       |                       |                                      |           |
|   | 02/21/2024  |     | Origin Bank     |                           |                            |          |                            |       |                       |                                      |           |
|   | Amount (\$)   |     | Payee addres    | ss; City;                 | State; Zip                 | Code     | е                          |       |                       |                                      |           |
|   | \$15.00   |     | 3838 Oak La     | awn Avenue                |                            |          |                            |       |                       |                                      |           |
|   |   |     | Ste 100         |                           |                            |          |                            |       |                       |                                      |           |
|   |   |     | Dallas, TX 7    | 5219                      |                            |          |                            |       |                       |                                      |           |
|   | PURPOSE   | (a) | Category (Se    | e Categories listed at th | ne top of this schedule)   | (k       | Description                |       |                       |                                      |           |
|   | OF<br>EXPENDITURE                                   |     | Fees            |                           | ,                          |          |                            | outs  | ide of Texas. Com     | plete Schedule T.                    |           |
|   | EXPENDITORE   |     |                 |                           |                            |          |                            |       | , officeholder living | g expense                            |           |
|   |   |     |                 |                           |                            |          | Campaign Ba                | ank   | r Fees                |                                      |           |
|   |   |     |                 |                           | - ***                      |          |                            |       |                       | <del></del>                          |           |
|   | Complete ONLY if direct expenditure to benefit C/OI |     | Jandidate/Offic | ceholder name             | Office                     | sough    | nt                         |       | Office h              | eld                                  |           |
|   |   |     |                 |                           |                            |          |                            |       |                       |                                      |           |
|   |   |     |                 |                           |                            |          |                            |       |                       |                                      |           |
|   |   |     |                 |                           |                            |          |                            |       |                       |                                      |           |

### SCHEDULE F1

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

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

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

|   | Candidate/Officeholder/Politica                     | The Instruction Guide explains how to complete this form.   |
|---|---|---|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 21/31 Rpt: 57/73                               | Meyer, Morgan D. (The Honorable) 00069344   |
| 4 | Date  | 5 Payee name  |
|   | 02/22/2024  | Origin Bank   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
|   | \$15.00   | 3838 Oak Lawn Avenue  |
|   |   | Ste 100   |
|   |   | Dallas, TX 75219  |
| 8 | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description                              |
|   | EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   | Campaign Bank Fees  |
|   |   |   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                          | 1   |
|   | Date  | Payee name  |
|   | 02/22/2024  | Origin Bank   |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$15.00   | 3838 Oak Lawn Avenue  |
|   |   | Ste 100   |
|   |   | Dallas, TX 75219  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                              |
|   | OF<br>EXPENDITURE                                   | Fees Check if travel outside of Texas. Complete Schedule T.   |
|   |   | Check if Austin, TX, officeholder living expense  Campaign Bank Fees  |
|   |   | Campaign Bank rees  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                          |   |
|   | Date  | Payee name  |
|   | 02/15/2024  | Robinson, Shelby  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$2,000.00  | PSC 41 Box 92   |
|   |   |   |
|   |   | APO, AE 09464   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                              |
|   | OF<br>EXPENDITURE                                   | Salaries/Wages/Contract Labor   |
|   | EXPENDITORE   | Check if Austin, TX, officeholder living expense  |
|   |   | Contract labor for campaign services  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | Complete ONLY if direct expenditure to benefit C/Ol |   |
|   |   |   |
|   |   |   |
|   |   |   |

## SCHEDULE F1

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

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

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.   |   |
|---|---|---|---|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                                       |
|   | Sch: 22/31 Rpt: 58/73                               | Meyer, Morgan D. (The Honorable)  | 00069344  |
| 4 | Date  | 5 Payee name  |   |
|   | 01/29/2024  | RumbleUp  |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |   |
|   | \$2,000.00  | 2021 L. Street NW   |   |
|   |   | #101-220  |   |
|   |   | Washington, DC 20037  |   |
| 8 | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description                    |   |
|   | EXPENDITURE   | Advertising Expense   | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense |
|   |   |   | campaign texting  |
|   |   | ·   | . 3   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought   | Office held   |
|   | expenditure to benefit C/O                          | ı   |   |
| F | Date  | Payee name  |   |
|   | 01/29/2024  | RumbleUp  |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |   |
|   | \$4,000.00  | 2021 L. Street NW   |   |
|   |   | #101-220  |   |
|   |   | Washington, DC 20037  |   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                    |   |
|   | OF<br>EXPENDITURE                                   | , , ,   | outside of Texas. Complete Schedule T.                                      |
|   | EXPENDITORE   |   | , TX, officeholder living expense   |
|   |   | Peer-to-peer  | campaign texting  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought   | Office held   |
|   | Complete ONLY if direct expenditure to benefit C/OH |   | Office field  |
| _ | Date  | Davis name  |   |
|   | 02/05/2024  | Payee name<br>RumbleUp  |   |
|   | Amount (\$)   | <u>'</u>  |   |
|   | \$1,000.00  | Payee address; City; State; Zip Code 2021 L. Street NW  |   |
|   | φ1,000.00   | #101-220  |   |
|   |   |   |   |
|   |   | Washington, DC 20037  |   |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel. | outside of Texas. Complete Schedule T.                                      |
|   | EXPENDITURE   | Advertising Expense   | , TX, officeholder living expense   |
|   |   | Peer-to-peer  | campaign texting  |
|   |   |   |   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought   | Office held   |
|   | expenditure to benefit C/O                          | i   |   |
|   |   |   |   |
|   |   |   |   |

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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

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

|   | Credit Card Payment   | The Instruction Guide explains how to comple  | ete this form.  |
|---|---|---|---|
| 1 | Total pages Schedule F1:  | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 23/31 Rpt: 59/73   | Meyer, Morgan D. (The Honorable)  | 00069344  |
| 4 | Date  | 5 Payee name  |   |
|   | 02/05/2024  | RumbleUp  |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |   |
|   | \$2,000.00  | 2021 L. Street NW   |   |
|   |   | #101-220  |   |
|   |   | Washington, DC 20037  |   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b)  | Description   |
|   | OF<br>EXPENDITURE   | Advertising Expense   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                              |
|   |   |   | Peer-to-peer campaign texting   |
|   |   |   | . co. to pool campaign toximig  |
| 9 | Complete ONLY if direct   | Candidate/Officeholder name Office sought   | Office held   |
|   | expenditure to benefit C/O  |   |   |
| _ | Date  | Payee name  |   |
|   | 02/12/2024  | RumbleUp  |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |   |
|   | \$1,000.00  | 2021 L. Street NW   |   |
|   | Ψ1,000.00   | #101-220  |   |
|   |   | Washington, DC 20037  |   |
|   | DUDDOCE   |   |   |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense   | Description  Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   | Advertising Expense   | Check if Austin, TX, officeholder living expense  |
|   |   |   | Peer-to-peer campaign texting   |
|   |   |   |   |
|   | Complete ONLY if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought   | Office held   |
|   | experialiture to beliefit C/Or  | 1   |   |
|   |   |   |   |
|   | Date  | Payee name  |   |
|   | Date<br>02/12/2024  | Payee name<br>RumbleUp  |   |
|   |   |   |   |
|   | 02/12/2024  | RumbleUp  |   |
|   | 02/12/2024<br>Amount (\$)   | RumbleUp  Payee address; City; State; Zip Code  |   |
|   | 02/12/2024<br>Amount (\$)   | RumbleUp  Payee address; City; State; Zip Code 2021 L. Street NW  |   |
|   | 02/12/2024 Amount (\$) \$3,000.00   | RumbleUp  Payee address; City; State; Zip Code 2021 L. Street NW  #101-220  Washington, DC 20037  | Description   |
|   | 02/12/2024  Amount (\$) \$3,000.00  PURPOSE OF                                      | RumbleUp  Payee address; City; State; Zip Code 2021 L. Street NW  #101-220  Washington, DC 20037  | Check if travel outside of Texas. Complete Schedule T.  |
|   | 02/12/2024 Amount (\$) \$3,000.00   | RumbleUp  Payee address; City; State; Zip Code 2021 L. Street NW #101-220 Washington, DC 20037  (a) Category (See Categories listed at the top of this schedule) (b)  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                              |
|   | 02/12/2024  Amount (\$) \$3,000.00  PURPOSE OF                                      | RumbleUp  Payee address; City; State; Zip Code 2021 L. Street NW #101-220 Washington, DC 20037  (a) Category (See Categories listed at the top of this schedule) (b)  | Check if travel outside of Texas. Complete Schedule T.  |
|   | 02/12/2024  Amount (\$) \$3,000.00  PURPOSE OF EXPENDITURE                          | RumbleUp  Payee address; City; State; Zip Code 2021 L. Street NW #101-220 Washington, DC 20037  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Peer-to-peer campaign texting |
|   | 02/12/2024  Amount (\$) \$3,000.00  PURPOSE OF                                      | RumbleUp  Payee address; City; State; Zip Code 2021 L. Street NW #101-220 Washington, DC 20037  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                              |
|   | O2/12/2024  Amount (\$) \$3,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct | RumbleUp  Payee address; City; State; Zip Code 2021 L. Street NW #101-220 Washington, DC 20037  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Peer-to-peer campaign texting |
|   | O2/12/2024  Amount (\$) \$3,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct | RumbleUp  Payee address; City; State; Zip Code 2021 L. Street NW #101-220 Washington, DC 20037  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Peer-to-peer campaign texting |

## SCHEDULE F1

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

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

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.  |
|---|---|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 24/31 Rpt: 60/73                               | Meyer, Morgan D. (The Honorable) 00069344  |
| 4 | Date  | 5 Payee name   |
|   | 02/16/2024  | RumbleUp   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$2,000.00  | 2021 L. Street NW  |
|   |   | #101-220   |
|   |   | Washington, DC 20037   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Advertising Expense  |
|   | LAI LINDITORE                                       | Check if Austin, TX, officeholder living expense   |
|   |   | Peer-to-peer campaign texting  |
| _ | Complete ONLY if direct                             | Condidate/Officeholder name  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
| _ |   |  |
|   | Date  | Payee name   |
|   | 02/20/2024  | RumbleUp   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$2,000.00  | 2021 L. Street NW  |
|   |   | #101-220   |
|   |   | Washington, DC 20037   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |   | Peer-to-peer campaign texting  |
|   |   | The second of th |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                         | <del>-</del>   |
| _ | Date  | Payee name   |
|   | 02/21/2024  | RumbleUp   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$99.00   | 2021 L. Street NW  |
|   |   | #101-220   |
|   |   | Washington, DC 20037   |
|   | PURPOSE   |  |
|   | OF  | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |
|   |   | Peer-to-peer campaign texting  |
|   |   |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   | experience to beliefit 6/01                         | •  |
|   |   |  |
|   |   |  |
|   |   |  |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 25/31 Rpt: 61/73                                  | Meyer, Morgan D. (The Honorable) 00069344   |
| 4        | Date   | 5 Payee name  |
|          | 02/21/2024   | RumbleUp  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$100.00   | 2021 L. Street NW   |
|          |  | #101-220  |
|          |  | Washington, DC 20037  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense Peer-to-peer campaign texting  |
|          |  | r cer-to-peer campaign texting  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/Ol                            | 1   |
| Г        | Date   | Payee name  |
|          | 02/21/2024   | RumbleUp  |
| Г        | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$100.00   | 2021 L. Street NW   |
|          |  | #101-220  |
|          |  | Washington, DC 20037  |
| Г        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Advertising Expense   |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | Peer-to-peer campaign texting   |
| ┝        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             | <del>1</del>  |
| Г        | Date   | Payee name  |
|          | 02/21/2024   | RumbleUp  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$100.00   | 2021 L. Street NW   |
|          |  | #101-220  |
|          |  | Washington, DC 20037  |
| Г        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Advertising Expense   |
|          | EXI ENDITORE   | Check if Austin, TX, officeholder living expense  |
|          |  | Peer-to-peer campaign texting   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
|          |  |   |
|          |  |   |
|          |  |   |

## SCHEDULE F1

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

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

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

| Credit Card Payment  The Instruction Guide explains how to complete this form. |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| 1  | Total pages Schedule F1:                            | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |  |
|  | Sch: 26/31 Rpt: 62/73                               | Meyer, Morgan D. (The Honorable) 00069344  |  |  |  |  |  |
| 4  | Date  | 5 Payee name   |  |  |  |  |  |
|  | 02/21/2024  | RumbleUp   |  |  |  |  |  |
| 6  | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |  |  |  |  |
|  | \$2,000.00  | 2021 L. Street NW  |  |  |  |  |  |
|  |   | #101-220   |  |  |  |  |  |
|  |   | Washington, DC 20037   |  |  |  |  |  |
| 8  | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |  |  |  |  |
|  | EXPENDITURE   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |  |  |  |  |
|  |   | Peer-to-peer campaign texting  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| 9  | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |
|  | experiorarie to berieff C/O                         |  |  |  |  |  |  |
|  | Date  | Payee name   |  |  |  |  |  |
|  | 02/20/2024  | Ryan Data and Research   |  |  |  |  |  |
|  | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |  |  |  |
|  | \$3,000.00  | PO Box 202675  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   | Austin, TX 78720   |  |  |  |  |  |
|  | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)   |  |  |  |  |  |
|  | EXPENDITURE   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |  |  |  |  |
|  |   | Campaign data services   |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |
|  | expenditure to benefit C/OI                         |  |  |  |  |  |  |
|  | Date  | Payee name   |  |  |  |  |  |
|  | 02/12/2024  | Starbucks  |  |  |  |  |  |
|  | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |  |  |  |
|  | \$43.30   | 100 Highland Park Village  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   | Dallas, TX 75205   |  |  |  |  |  |
|  | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)  (b) Description  |  |  |  |  |  |
|  | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                 |  |  |  |  |  |
|  |   | Campaign meeting to discuss campaign issues  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |
| L  | expenditure to benefit C/OI                         | 1  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |

## SCHEDULE F1

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

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

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

| Candidate/Officeholder/Political                       | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.   |
|--|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 27/31 Rpt: 63/73                                  | Meyer, Morgan D. (The Honorable) 00069344   |
| 4 Date   | 5 Payee name  |
| 02/20/2024   | Starbucks   |
| 6 Amount (\$) \$7.22                                   | 7 Payee address; City; State; Zip Code<br>6733 Hillcrest Road<br>Dallas, TX 75225   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE                                      | Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign meeting to discuss campaign issues  |
| Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 02/20/2024   | Starbucks   |
| Amount (\$)<br>\$11.18                                 | Payee address; City; State; Zip Code<br>6733 Hillcrest Road   |
|  | Dallas, TX 75225  |
| PURPOSE OF EXPENDITURE                                 | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign meeting to discuss campaign issues      |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held   |
| Date<br>02/24/2024                                     | Payee name<br>Stripe  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$1,127.96   | 510 Townsend St   |
|  | San Francisco, CA 94103   |
| PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Merchant service fees for online contributions July 1  - Sept 29 |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held   |
|  |   |

### SCHEDULE F1

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

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

| Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |   |   |   |  |  |
|---|---|---|---|--|--|
| 1   | Total pages Schedule F1:                            |   | _ |  |  |
| Ė   | Sch: 28/31 Rpt: 64/73                               | Meyer, Morgan D. (The Honorable)  00069344  |   |  |  |
| 4   | Date  | 5 Payee name  |   |  |  |
|   | 02/22/2024  | Target  |   |  |  |
| 6   | Amount (\$)   | 7 Payee address; City; State; Zip Code  | _ |  |  |
|   | \$116.98  | 8335 Westchester Dr   |   |  |  |
|   |   | Unit 200  |   |  |  |
|   |   | Dallas, TX 75225  |   |  |  |
| 8   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |  |  |
|   | OF  | Office Overhead/Rental Expense  |   |  |  |
|   | Check if Austin, TX, officeholder living expense    |   |   |  |  |
|   | Supplies for campaign staff while poll greeting     |   |   |  |  |
|   |   |   |   |  |  |
| 9   | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held   |   |  |  |
|   |   |   | _ |  |  |
|   | Date  | Payee name  |   |  |  |
|   | 02/02/2024  | Tax1099.com   |   |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |   |  |  |
| \$34.10 1 East Center Street #250   |   |   |   |  |  |
|   |   |   |   |  |  |
|   |   | Fayetteville, AR 72701  |   |  |  |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |  |  |
|   | EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |   |  |  |
|   |   | Online office support software for campaign   |   |  |  |
|   |   | Chillio chilos capport contrato for campaign  |   |  |  |
| $\vdash$  | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   | _ |  |  |
|   | expenditure to benefit C/O                          |   |   |  |  |
|   | Date  | Payee name  | _ |  |  |
|   | 02/07/2024  | Tax1099.com   |   |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  | _ |  |  |
|   | \$3.41  | 1 East Center Street #250   |   |  |  |
|   | Ψ5.41   |   |   |  |  |
|   |   | Fayetteville, AR 72701  |   |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |  |  |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.   |   |  |  |
|   | <b></b>   | Check if Austin, TX, officeholder living expense Online office support software for campaign  |   |  |  |
|   |   | Online onice support software for campaign  |   |  |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   | _ |  |  |
|   | expenditure to benefit C/O                          |   |   |  |  |
|   |   |   | - |  |  |
|   |   |   |   |  |  |
|   |   |   |   |  |  |

### SCHEDULE F1

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

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

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

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

|                   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | l Committee Legal Services Salaries/Wages/Contract Labor                         | Travel Out of District OTHER (enter a category not listed above)   |
|-------------------|--|--|--|
| L                 |  | The Instruction Guide explains how to complete this form.                        |  |
| 1                 | Total pages Schedule F1:   | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                              |
|                   | Sch: 29/31 Rpt: 65/73  | Meyer, Morgan D. (The Honorable)   | 00069344   |
| 4                 | Date   | 5 Payee name   |  |
|                   | 02/08/2024   | Tax1099.com  |  |
| 6                 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |
| ľ                 | \$6.82   | 1 East Center Street #250  |  |
|                   | Ψ0.02  | 1 East Gotter Groot #250   |  |
|                   |  |  |  |
| L                 |  | Fayetteville, AR 72701   |  |
| 8                 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|                   | EXPENDITURE  | Onice Overneda/Nental Expense  | outside of Texas. Complete Schedule T.                             |
|                   |  | l  | , TX, officeholder living expense<br>Support software for campaign |
|                   |  | Offilite office  | support software for campaign                                      |
| Ļ                 |  |  |  |
| 9                 | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought  | Office held  |
| L                 |  |  |  |
|                   | Date   | Payee name   |  |
|                   | 02/05/2024   | The Salvation Army Women's Auxilary  |  |
|                   | Amount (\$)  | Payee address; City; State; Zip Code   |  |
|                   | \$5,000.00   | PO Box 36026   |  |
|                   |  |  |  |
|                   |  | Dallas, TX 75235   |  |
| L                 | DUDDOCE  | T  |  |
|                   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description | outside of Texas. Complete Schedule T.                             |
|                   | EXPENDITURE  | Contributions/Donations wade by  | , TX, officeholder living expense                                  |
|                   |  | l — — — — — — — — — — — — — — — — — — —  | Salvation Army Women's Auxilary                                    |
|                   |  | Annual Lunci   | neon   |
| Н                 | Complete ONLY if direct  | Candidate/Officeholder name Office sought  | Office held  |
|                   | expenditure to benefit C/O   | <del>1</del>   |  |
| F                 | Date   | Payee name   |  |
|                   | 02/05/2024   | U.S.P.S.   |  |
| L                 |  |  |  |
|                   | Amount (\$)  |  |  |
|                   | \$671.01   | 401 Tom Landry Fwy   |  |
|                   |  |  |  |
|                   |  | Dallas, TX 75260   |  |
|                   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|                   | OF<br>EXPENDITURE  | Advertising Expense  | outside of Texas. Complete Schedule T.                             |
|                   |  |  | , TX, officeholder living expense                                  |
|                   |  | Postage for C  | ampaign mail piece   |
| $ldsymbol{f eta}$ |  |  |  |
| 1                 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought  | Office held  |
| L                 | experientare to benefit 6/01   | •  |  |
|                   |  |  |  |
| 1                 |  |  |  |
|                   |  |  |  |

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |  | Food/Beverage Expense<br>Gift/Awards/Memorials Exp<br>Legal Services<br>The Instruction Guide | pense P<br>S                   | _                  | nse<br>es/Contract Labor | Travel          | in District<br>Out of Dis<br>R (enter a |                  |                      |        |
|--|--|---|--------------------------------|--------------------|--------------------------|-----------------|---|------------------|----------------------|--------|
| 1  | Total pages Schedule F1:                                   | 2 FILER NAM   |                                |                    | 1                        |                 | 3 Filer                                 | ID.              | (Ethics Commission F | ilers) |
| -  | Sch: 30/31 Rpt: 66/73                                      |   | rgan D. (The Hono              | rable)             |                          |                 | 1                                       | 9344             | (Eurica Commission ) | 11013) |
| 4  | Date   | 5 Payee name  | e                              |                    |                          |                 |   |                  |                      |        |
|  | 02/05/2024   | U.S.P.S.  |                                |                    |                          |                 |   |                  |                      |        |
| 6  | Amount (\$)  | <b>7</b> Payee addr   | ess; City;                     | State: 2           | Zip Code                 | <u> </u>        |   |                  |                      |        |
|  | \$13,294.79  | 401 Tom L   | andry Fwy                      | ·                  | •                        |                 |   |                  |                      |        |
|  | , ,, ,   |   | , ,                            |                    |                          |                 |   |                  |                      |        |
|  |  | Dallas, TX  | 75260                          |                    |                          |                 |   |                  |                      |        |
| 8  | PURPOSE  | (a) Category (  | See Categories listed at the t | top of this schedu | <sub>ule)</sub> (b       | ) Description   |   |                  |                      |        |
|  | OF<br>EXPENDITURE  | Advertising   |                                |                    |                          |                 |   |                  | plete Schedule T.    |        |
|  | EXI ENDITORE   |   |                                |                    |                          | Check if Austin |   |                  |                      |        |
|  |  |   |                                |                    |                          | Postage for o   | campaigr                                | ı malı p         | Diece                |        |
|  |  |   |                                |                    |                          |                 |   |                  |                      |        |
| 9  | Complete ONLY if direct expenditure to benefit C/OI        |   | ficeholder name                | Offi               | ice sough                | t               | (                                       | Office he        | eld                  |        |
|  | Date   | Payee nam   | e                              |                    |                          |                 |   |                  |                      |        |
|  | 02/05/2024   | U.S.P.S.  |                                |                    |                          |                 |   |                  |                      |        |
|  | Amount (\$)  | Payee addr  | ess; City;                     | State; 2           | Zip Code                 | )               |   |                  |                      |        |
|  | \$13,294.79  | 401 Tom L   | andry Fwy                      |                    |                          |                 |   |                  |                      |        |
|  |  |   |                                |                    |                          |                 |   |                  |                      |        |
|  |  | Dallas, TX  | 75260                          |                    |                          |                 |   |                  |                      |        |
|  | PURPOSE  | (a) Category (  | See Categories listed at the t | op of this schedu  | <sub>ule)</sub> (b       | ) Description   |   |                  |                      |        |
|  | OF<br>EXPENDITURE  | Advertising   | g Expense                      |                    |                          | <u> </u>        |   |                  | plete Schedule T.    |        |
|  |  |   |                                |                    |                          | Check if Austir |   |                  |                      |        |
|  |  |   |                                |                    |                          | Postage for t   | zarripaiyi                              | ı ınan ş         | лесе                 |        |
| _  | Operation ONLY if allowed                                  | 0   |                                | 04                 |                          |                 |   | Dff: I-          | -1-1                 |        |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OI |   | ficeholder name                | ОПІ                | ice sough                | Ι               | (                                       | Office he        | eia                  |        |
|  | <u> </u>   |   |                                |                    |                          |                 |   |                  |                      |        |
|  | Date   | Payee nam   | е                              |                    |                          |                 |   |                  |                      |        |
|  | 02/20/2024   | Uber  |                                |                    |                          |                 |   |                  |                      |        |
|  | Amount (\$)  | Payee addr  | ess; City;                     | State; 2           | Zip Code                 | ;               |   |                  |                      |        |
|  | \$17.98  | 1455 Mark   | et St. Ste 400                 |                    |                          |                 |   |                  |                      |        |
|  |  |   |                                |                    |                          |                 |   |                  |                      |        |
|  |  | San Franc   | isco, CA 94103                 |                    |                          |                 |   |                  |                      |        |
|  | PURPOSE  | (a) Category (  | See Categories listed at the t | op of this schedu  | ule) (b                  | ) Description   |   |                  |                      |        |
|  | OF<br>EXPENDITURE  | Travel In D   | District                       |                    |                          |                 |   |                  | plete Schedule T.    |        |
|  |  |   |                                |                    |                          | Check if Austin |   |                  |                      |        |
|  |  |   |                                |                    |                          | ODEI IUI CAIII  | ıpaıyı 1 Sli                            | an to C          | ampaign event        |        |
|  | Complete ONLY 'C. "  | Operation 1 (2)   | Hankald                        |                    |                          |                 |   | <b>&gt;</b> #: ' | ماما                 |        |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OI |   | ficeholder name                | Offi               | ice sough                | ı               | (                                       | Office he        | eiu                  |        |
|  | · ·  |   |                                |                    |                          |                 |   |                  |                      |        |
|  |  |   |                                |                    |                          |                 |   |                  |                      |        |
|  |  |   |                                |                    |                          |                 |   |                  |                      |        |
| _  |  |   |                                |                    |                          |                 |   |                  |                      |        |

## SCHEDULE F1

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

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

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 31/31 Rpt: 67/73                                  | Meyer, Morgan D. (The Honorable) 00069344   |
| 4 | Date   | 5 Payee name  |
|   | 02/21/2024   | Uber  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$15.97  | 1455 Market St. Ste 400   |
|   |  |   |
|   |  | San Francisco, CA 94103   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  Uber for campaign staff to campaign event   |
|   |  | Ober for campaign stall to campaign event   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | 1   |
|   | Date   | Payee name  |
|   | 02/01/2024   | Zoom  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$17.05  | 55 Almaden Blvd   |
|   |  | Floor 6   |
|   |  | San Jose, CA 95113  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|   | LAFENDITORE  | Check if Austin, TX, officeholder living expense  |
|   |  | Campaign Zoom account   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   |  |   |
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## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

|   | The Inst  | ruction Guide explains how     | to complete t  | his form.   |                         |              |              |
|---|---|--------------------------------|--|---|-------------------------|--------------|--------------|
| 1 Total pages Schedule F4:                          | otal pages Schedule F4: 2 FILER NAME  |                                |  |   | 3 Filer ID (Ethi        | cs Commiss   | sion Filers) |
| Sch: 1/5 Rpt: 68/73                                 | Meyer, Morgan D. (  | (The Honorable)                | 00069344   |   |                         |              |              |
| 4 CREDIT CARD<br>ISSUER                             | Name of financial institution JPMorgan Chase  |                                | EXPENI   | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT                | \$                      |              |              |
| 6 PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issuer   02/09/2024                          |   | r Paid                  |              |              |
|   | \$92.18   | 02/02/2024                     |  |   |                         |              |              |
| 7 PAYEE   | PAYEE (a) Payee name (b) Payee address;   |                                | address;   | City,   | State,                  | Zip Code     |              |
| The Stephen F Austin Royal                          |   |                                |  | gress Ave.  |                         |              |              |
|   | (a) Catamani  |                                | Austin, T  |   |                         |              |              |
| 8 PURPOSE OF EXPENDITURE                            | (a) Category (See Categories listed at the top  | of this schedule)              | (b) Descrip  |   | while traveling         | n for office | aholdar      |
| X Political   | Travel Out of District  |                                |  | wille travelling  | , 101 01110             | Elloldel     |              |
| Non-Political                                       | (c) Check if travel outside   | of Texas. Complete Schedule T. |  | Check if Austin, TX,                                      | officeholder living exp | ense         |              |
| 9 Complete ONLY if direct                           | Candidate/Officeholder  | name Office                    | e sought   |   | Office held             |              |              |
| expenditure to benefit C/OH                         |   | I                              | 1  |   |                         |              |              |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)  | Credit Card Issue   | r Paid                  |              |              |
|   | \$379.64  | 02/08/2024                     | 02/09/20/  | 24  |                         |              |              |
| PAYEE   | (a) Payee name  |                                | (b) Payee a  | address;  | City,                   | State,       | Zip Code     |
|   | The Stephen F Aus   | stin Royal                     | 701 Cong   | ress Ave.   |                         |              |              |
|   |   |                                | Austin, TX 78701   |   |                         |              |              |
| PURPOSE OF  | (a) Category  | of this schodule)              | (b) Descrip  |   |                         |              |              |
| EXPENDITURE  X Political                            | (See Categories listed at the top<br>Travel Out of District                             | or this schedule)              | Lodging for officeholder while traveling for officeholder activities |   |                         |              |              |
| Non-Political                                       | (c) Check if travel outside   | of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense                     |   |                         |              |              |
| Complete ONLY if direct                             | Candidate/Officeholder  | name Offic                     | ce sought Office held  |   |                         |              |              |
| expenditure to benefit C/OH                         |   |                                |  |   |                         |              |              |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issuer Paid                                  |   |                         |              |              |
|   | \$408.20  | 02/17/2024                     |  |   |                         |              |              |
| PAYEE   | (a) Payee name  | ı                              | (b) Payee a  | address;  | City,                   | State,       | Zip Code     |
|   |   |                                | 701 Congress Ave.  |   |                         |              |              |
|   | The Stephen F Aus   | tin Royal                      |  |   |                         |              |              |
|   |   |                                | Austin, T  | X 78701   |                         |              |              |
| PURPOSE OF  | (a) Category  | (d)                            | (b) Descrip  |   |                         |              |              |
| EXPENDITURE   | EXPENDITURE (See Categories listed at the top of this schedule)  Travel Out of District |                                |  | Lodging for officeholder while traveling for officeholder |                         |              |              |
| X Political   |   |                                | activities   |   |                         |              |              |
| Non-Political                                       | (c) Check if travel outside   | of Texas. Complete Schedule T. |  | Check if Austin, TX,                                      | officeholder living exp | ense         |              |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder  | name Office                    | e sought   |   | Office held             |              |              |
| I   | · · · · · · · · · · · · · · · · · · ·   |                                |  |   |                         |              |              |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

|   | The Inst   | ruction Guide explains how       | to complete this form.   | (*                               |  |  |
|---|--|----------------------------------|--|----------------------------------|--|--|
| 1 Total pages Schedule F4:  | Total pages Schedule F4: 2 FILER NAME                                      |                                  |  |                                  |  |  |
| Sch: 2/5 Rpt: 69/73   | Meyer, Morgan D. (   | (The Honorable)                  | 00069344   |                                  |  |  |
| 4 CREDIT CARD<br>ISSUER   |  | ncial institution                | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD   | \$                               |  |  |
| 6 PAYMENT   | 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Is |                                  | (c) Date(s) Credit Card Issue  | r Paid                           |  |  |
| \$92.52 02/16/2024  |  |                                  |  |                                  |  |  |
| 7 PAYEE (a) Payee name  Aloft Element Austin Downtown   |  |                                  | (b) Payee address;<br>621 Congress Ave.                                | City, State, Zip Code            |  |  |
|   | ( ) -  |                                  | Austin, TX 78701   |                                  |  |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top                             | of this schedule)                | (b) Description  |                                  |  |  |
|   | Food/Beverage Expe   |                                  | Meeting with officeholders   | s to discuss officeholder issues |  |  |
| X Political   |  |                                  |  |                                  |  |  |
| Non-Political   | `  | of Texas. Complete Schedule T.   |  | officeholder living expense      |  |  |
| 9 Complete ONLY if direct   | Candidate/Officeholder   | name Offic                       | e sought   | Office held                      |  |  |
| expenditure to benefit C/OH   | ( ) 4 ( ) 4  | [ (1) D ( ) (0)                  | 1/25//26 50  | 0.11                             |  |  |
| PAYMENT   | (a) Amount Charged<br>\$3.77   | (b) Date of Charge 02/22/2024    | (c) Date(s) Credit Card Issue  | r Paid                           |  |  |
| PAYEE   | (a) Payee name   |                                  | (b) Payee address;   | City, State, Zip Code            |  |  |
|   | 7-Eleven   |                                  | 6883 W Northwest Hwy.  |                                  |  |  |
|   |  |                                  | Dallas, TX 75225   |                                  |  |  |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top Food/Beverage Expe          |                                  | (b) Description Drinks & snacks for campaign staff while poll greeting |                                  |  |  |
| X Political   |  |                                  |  |                                  |  |  |
| Non-Political   | (c) Check if travel outside  | of Texas. Complete Schedule T.   | Check if Austin, TX,   | officeholder living expense      |  |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder   | name Offic                       | e sought   | Office held                      |  |  |
| PAYMENT   | (a) Amount Charged<br>\$11.02  | (b) Date of Charge<br>02/03/2024 | (c) Date(s) Credit Card Issue 02/09/2024                               | r Paid                           |  |  |
| PAYEE   | (a) Payee name  Jack in the Box  |                                  | (b) Payee address;<br>5125 Bosque Blvd.<br>Waco, TX 76710              | City, State, Zip Code            |  |  |
| PURPOSE OF EXPENDITURE  X Political   | (a) Category<br>(See Categories listed at the top<br>Food/Beverage Expe    |                                  | (b) Description Food for officeholder while traveling to Dallas        |                                  |  |  |
| Non-Political   | (C) Check if travel outside  | of Texas. Complete Schedule T.   | Check if Austin, TX,   | officeholder living expense      |  |  |
| Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH |  |                                  |  |                                  |  |  |

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

|                             | The Inst   | ruction Guide explains how     | to complete this form.   |                                       |  |  |  |
|-----------------------------|--|--------------------------------|--|---------------------------------------|--|--|--|
| 1 Total pages Schedule F4:  | otal pages Schedule F4: 2 FILER NAME   |                                |  | 3 Filer ID (Ethics Commission Filers) |  |  |  |
| Sch: 3/5 Rpt: 70/73         | Meyer, Morgan D. (   | (The Honorable)                | 00069344   |                                       |  |  |  |
| 4 CREDIT CARD<br>ISSUER     |  | ncial institution<br>revious   | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | \$                                    |  |  |  |
| 6 PAYMENT                   | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | er Paid                               |  |  |  |
|                             | \$6.92   | 02/22/2024                     |  |                                       |  |  |  |
| 7 PAYEE                     | PAYEE (a) Payee name (b)   |                                |  | City, State, Zip Code                 |  |  |  |
|                             | Subway   |                                | 6813 W Northwest Hwy   |                                       |  |  |  |
|                             |  |                                | Dallas, TX 75225   |                                       |  |  |  |
| 8 PURPOSE OF EXPENDITURE    | (a) Category   | of this schedule)              | (b) Description  |                                       |  |  |  |
| X Political                 | (See Categories listed at the top of this schedule) Food/Beverage Expense  Food for officeholder while |                                |  | e poll greeting                       |  |  |  |
| Non-Political               | (c) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin, TX  | , officeholder living expense         |  |  |  |
| 9 Complete ONLY if direct   | Candidate/Officeholder   | name Offic                     | e sought   | Office held                           |  |  |  |
| expenditure to benefit C/OH |  |                                |  |                                       |  |  |  |
| PAYMENT                     | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | er Paid                               |  |  |  |
|                             | \$10.83  | 02/16/2024                     |  |                                       |  |  |  |
| PAYEE                       | (a) Payee name   |                                | (b) Payee address;   | City, State, Zip Code                 |  |  |  |
|                             | The Roaring Fork   |                                | 701 Congress Ave.  |                                       |  |  |  |
|                             | The Roaling Fork   |                                | Austin, TX 78701   |                                       |  |  |  |
| PURPOSE OF                  | (a) Category   |                                | (b) Description  |                                       |  |  |  |
| EXPENDITURE                 | (See Categories listed at the top  | •                              | Meeting with officeholders to discuss officeholder issues            |                                       |  |  |  |
| X Political                 | Food/Beverage Expe   | 1156                           |  |                                       |  |  |  |
| Non-Political               | (c) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense                     |                                       |  |  |  |
| Complete ONLY if direct     | Candidate/Officeholder   | name Offic                     | ce sought Office held  |                                       |  |  |  |
| expenditure to benefit C/OH |  |                                |  |                                       |  |  |  |
| PAYMENT                     | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issuer Paid                                  |                                       |  |  |  |
|                             | \$20.75  | 02/07/2024                     | 02/09/2024   |                                       |  |  |  |
| PAYEE                       | (a) Dayes 7577   |                                | (b) Dayon address:   | City Chair Zin O. I                   |  |  |  |
| PATEE                       | (a) Payee name   |                                | (b) Payee address;   | City, State, Zip Code                 |  |  |  |
|                             | Hudson   |                                | 7655 Lemmon Ave.   |                                       |  |  |  |
|                             |  |                                | Dallas, TX 75209   |                                       |  |  |  |
| PURPOSE OF                  | (a) Category   |                                | (b) Description  |                                       |  |  |  |
| EXPENDITURE                 | (See Categories listed at the top  | •                              | Food for officeholder whil   | e traveling to Austin                 |  |  |  |
| X Political                 | Food/Beverage Expe   | nse                            |  | -                                     |  |  |  |
| Non-Political               | (c) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin, TX  | , officeholder living expense         |  |  |  |
| Complete ONLY if direct     | Candidate/Officeholder   | <u> </u>                       | e sought   | Office held                           |  |  |  |
| expenditure to benefit C/OH |  |                                |  |                                       |  |  |  |

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

| The Instruction Guide explains how to complete this form.             |   |                                  |   |                      |                         |            |              |  |  |
|---|---|----------------------------------|---|----------------------|-------------------------|------------|--------------|--|--|
| 1 Total pages Schedule F4:  | tal pages Schedule F4: 2 FILER NAME                               |                                  |   |                      | 3 Filer ID (Ethio       | cs Commiss | sion Filers) |  |  |
| Sch: 4/5 Rpt: 71/73   | Meyer, Morgan D. (  | Meyer, Morgan D. (The Honorable) |   |                      | 00069344                |            |              |  |  |
| 4 CREDIT CARD<br>ISSUER   | Name of final<br>see pi   | EXPENDI                          | F UNITEMIZED<br>TURES<br>D TO A CREDIT                          | \$                   |                         |            |              |  |  |
| 6 PAYMENT   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) Credit Card Issuer                                  |                      | r Paid                  |            |              |  |  |
|   | \$8.85  | 02/24/2024                       |   |                      |                         |            |              |  |  |
| 7 PAYEE (a) Payee name  |   |                                  | (b) Payee ad  | ldress;              | City,                   | State,     | Zip Code     |  |  |
|   | Taco Bell   |                                  | 13670 Pres  | ston Rd.             |                         |            |              |  |  |
|   |   |                                  | Dallas, TX  | 75240                |                         |            |              |  |  |
| 8 PURPOSE OF  | (a) Category  | (4)                              | (b) Description   |                      |                         |            |              |  |  |
| EXPENDITURE  X Political  | (See Categories listed at the top Food/Beverage Expe              |                                  | Food for of   | ficeholder while     | e poll greeting         |            |              |  |  |
| Non-Political   | (c) Check if travel outside                                       | of Texas. Complete Schedule T.   |   | Check if Austin, TX, | officeholder living exp | ense       |              |  |  |
| 9 Complete ONLY if direct   | Candidate/Officeholder  | name Offic                       | e sought  | _                    | Office held             |            |              |  |  |
| expenditure to benefit C/OH   |   |                                  |   |                      |                         |            |              |  |  |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) C   | redit Card Issue     | r Paid                  |            |              |  |  |
|   | \$13.85   | 02/16/2024                       |   |                      |                         |            |              |  |  |
| PAYEE   | (a) Payee name  |                                  | (b) Payee ad  | ldress;              | City,                   | State,     | Zip Code     |  |  |
|   | Scholtzsky's  |                                  | 200 I35 No  | rth West             |                         |            |              |  |  |
|   |   |                                  | Hillsboro, TX 76645   |                      |                         |            |              |  |  |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top Food/Beverage Expe | *                                | (b) Description Food for officeholder while traveling to Austin |                      |                         |            |              |  |  |
| X Political   | 1 oour Develage Expen   |                                  |   |                      |                         |            |              |  |  |
| Non-Political   | (c) Check if travel outside                                       | of Texas. Complete Schedule T.   |   | Check if Austin, TX, | officeholder living exp | ense       |              |  |  |
| Complete ONLY if direct   | Candidate/Officeholder  | name Offic                       | ce sought Office held   |                      |                         |            |              |  |  |
| expenditure to benefit C/OH   |   |                                  |   |                      |                         |            |              |  |  |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) Credit Card Issuer Paid                             |                      |                         |            |              |  |  |
|   | \$4.00  | 02/15/2024                       |   |                      |                         |            |              |  |  |
| PAYEE   | (a) Payee name  | ı                                | (b) Payee ad  | ldress;              | City,                   | State,     | Zip Code     |  |  |
|   |   |                                  | 2101 Ross Ave.  |                      |                         |            |              |  |  |
|   | Jack Boles Belo Ma  | ansion                           |   |                      |                         |            |              |  |  |
|   |   |                                  | Dallas, TX 75201  |                      |                         |            |              |  |  |
| PURPOSE OF  | (a) Category  | of this cohodule)                | (b) Description   |                      |                         |            |              |  |  |
| EXPENDITURE (See Categories listed at the top of this schedule)  Fees |   |                                  | Valet for of  | ficeholder while     | e attending an          | event in o | district     |  |  |
| X Political   |   |                                  |   |                      |                         |            |              |  |  |
| Non-Political   | (c) Check if travel outside                                       | of Texas. Complete Schedule T.   |   | Check if Austin, TX, | officeholder living exp | ense       |              |  |  |
| Complete ONLY if direct   | Candidate/Officeholder  | name Offic                       | e sought  |                      | Office held             |            |              |  |  |
| expenditure to benefit C/OH   | expenditure to benefit C/OH                                       |                                  |   |                      |                         |            |              |  |  |

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political | - Gift/Awards                     | /Memorials Expense F          | Printing Expense Tr              | avel in District<br>avel Out of District<br>THER (enter a category not listed above) |
|---|--|-----------------------------------|-------------------------------|----------------------------------|--|
|   | Candidate/Officeriolide//FUIIIItdi   | -                                 | uction Guide explains ho      |                                  | Then (enter a category not listed above)   |
| 1 | Total pages Schedule F4:   | 2 FILER NAME                      |                               |                                  | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 5/5 Rpt: 72/73  | Meyer, Morgan D. (                | The Honorable)                |                                  | 00069344   |
| 4 | CREDIT CARD  | Name of finar                     | ncial institution             | 5 TOTAL OF UNITEMIZED            |  |
|   | ISSUER   | see pr                            | revious                       | EXPENDITURES CHARGED TO A CREDIT | \$   |
|   |  |                                   |                               | CARD                             |  |
| 6 | PAYMENT  | (a) Amount Charged                | (b) Date of Charge            | (c) Date(s) Credit Card Issue    | r Paid   |
|   |  | \$4.52                            | 02/02/2024                    | 02/09/2024                       |  |
|   |  |                                   |                               |                                  |  |
| 7 | PAYEE  | (a) Payee name                    |                               | (b) Payee address;               | City, State, Zip Code  |
|   |  | 7-Eleven                          |                               | 21735 N IH-35                    |  |
|   |  |                                   |                               | West TV 76602                    |  |
| 8 | PURPOSE OF   | (a) Category                      |                               | West, TX 76692 (b) Description   |  |
| ľ | EXPENDITURE  | (See Categories listed at the top |                               | Food for officeholder while      | e traveling to Austin  |
|   | X Political  | Food/Beverage Exper               | nse                           |                                  |  |
|   | Non-Political  | (c) Check if travel outside       | of Texas. Complete Schedule T | Check if Austin TX               | officeholder living expense  |
| 9 | Complete ONLY if direct  | Candidate/Officeholder            |                               | ice sought                       | Office held  |
|   | expenditure to benefit C/OH  |                                   |                               |                                  |  |
|   |  |                                   |                               |                                  |  |
|   |  |                                   |                               |                                  |  |
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### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 73/73 Meyer, Morgan D. (The Honorable) 00069344 Date Payee name 02/09/2024 Visa 6 Amount (\$) Payee address; City; State; Zip Code \$700.49 900 Metro Center Blvd. Reimbursement from political contributions intended Х Foster City, CA 94404 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit card payment for expenditures reported in F4 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH