# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00032386		2 Total pages f	filed: 30
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Geanie W.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LACT		CLIEFIV	07/15/2024	,,,,
	NICKNAME	LAST Morrison		SUFFIX	01713/2024	
		WIOTISOTI				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 4642					
ADDRESS					Receipt #	Amount
Change of Address	Victoria, TX 77903-4642					
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Jeffery L.		1411		
NAME	IVII.	Jeliery L.				
	NIO(4) A LA					
	NICKNAME	LAST		SUFFIX		
	Jeff	Williams				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; ST	ATE; ZIP CODE
ADDRESS	702 Santa Fe					
(Residence or Business)						
	Victoria, TX 77904					
7 044041011	ADEA CODE BUON	E NUMBER - F	VTENICIONI			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(361) 676-5300					
9 DEDODT						
8 REPORT TYPE	January 15	30th day before	election $\square$	Runoff	15th day after co	ampaign treasurer
		J Sour day before		Kunon	appointment (of	ficeholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (At	tach C/OH-FR)
		_	<del></del>	reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
			eneral	Special	<del></del>	
		"				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
III OFFICE	State Representative Distr	ict 30			tative District 30	
	State Representative Distr	ict 30		State Represent	tative District 50	
		GO T	O PAGE 2			
I						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 30

13 C / OH NAME	Morrison, Geanie W.	(The Honorable)	<b>14</b> Filer ID (E 00032386	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in Inficeholders are required to report this information	the candidate's or officel	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
<b>—</b>	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
	4. TOTAL POLITIC	TOTAL POLITICAL EXPENDITURES \$					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 224,529.51				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The Honora	able Geanie W. Morris	son			
		Signature of	Candidate or Officehold	ler			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subscribed before me, by the said day							
		ertify which, witness my hand and seal of office.		_ :			
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath			

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

			3 of 30						
	18 FILER NAME Morrison, Geanie W. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00032386								
20 SCHEDULE NAME OF S	SUBTOTAL AMOUNT								
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 49,045.53						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 4,613.36						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

## SCHEDULE F1

#### **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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 4/30	Morrison, Geanie W. (The Honorable)		00032386
4	Date	5 Payee name		
	04/18/2024	BAY CITY LITTLE LEAGUE		
6	Amount (\$)	7 Payee address; City; State; Zip Cooperation PO BOX 176	de	
	\$1,000.00	PO BOX 176		
		BAY CITY, TX 77404		
8	PURPOSE		(b)	Description
	OF EXPENDITURE	Advertising Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense SPONSORSHIP
				Si divodivoriii
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		
Г	Date	Payee name		
	01/17/2024	CITI CARD		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$600.74	PO BOX 78045		
		DUOFANY AZ 05000		
L		PHOENIX, AZ 85062	<i>.</i>	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment	(a)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Fayment		Check if Austin, TX, officeholder living expense
				JANUARY STATEMENT
L	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/Ol		JIIL	Office field
F	Date	Payee name		
	02/18/2024	CITI CARD		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$52.12	PO BOX 78045		
		PHOENIX, AZ 85062		
	PURPOSE OF	, ,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment		Check if Austin, TX, officeholder living expense
				FEBRUARY STATEMENT
L	Operated ONE V. C.	Condition 10% of all lands	l. ·	Office L. U.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	gnt	Office held
$\vdash$				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/20 Rpt: 5/30	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	03/22/2024	CITI CARD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$334.62	PO BOX 78045
		PHOENIX, AZ 85062
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  MARCH STATEMENT
		WARCH STATEMENT
_	Operation ONE VIII II	On didn't 10 ff a balden name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	04/18/2024	CITI CARD
	Amount (\$)	Payee address; City; State; Zip Code
	\$745.00	PO BOX 78045
		PHOENIX, AZ 85062
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		APRIL STATEMENT
		7.4.1.4.2.11.11.11.11.11.11.11.11.11.11.11.11.1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/15/2024	Payee name
		CITI CARD
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,878.76	PO BOX 78045
L		PHOENIX, AZ 85062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  MAY STATEMENT
		WAT STATEMENT
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 3/20 Rpt: 6/30	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	06/19/2024	CITI CARD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.12	PO BOX 78045
		PHOENIX, AZ 85062
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  JUNE STATEMENT
		SOINE STATEMENT
Ļ	Compulate ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	02/06/2024	CITY OF VICTORIA
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	702 N MAIN ST
		VICTORIA, TX 77901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense BI-CENTNNIAL CELEBRATION
		BI GENTINIAL GELEBIATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•
	<u> </u>	
	Date	Payee name
	06/19/2024	CUERO CHAMBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	210 E MAIN ST
		STE A
		CUERO, TX 77954
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expanse  (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
		SPONSORSHIP
I		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total names Schodulo F1:	,
Ĺ	Total pages Schedule F1: Sch: 4/20 Rpt: 7/30	Morrison, Geanie W. (The Honorable)
4	Date	5 Payee name
	02/18/2024	CUERO RECORD/YORKTOWN NEWS
6	Amount (\$) \$230.00	7 Payee address; City; State; Zip Code PO BOX 351  CUERO, TX 77954
8	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  WHITTINGTON TAB
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/07/2024	CUERO RECORD/YORKTOWN NEWS
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO BOX 351
	DUDDOG	CUERO, TX 77954
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Tayon Complete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/19/2024	CUERO RECORD/YORKTOWN NEWS
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO BOX 351
		VICTORIA, TX 77954
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		SENIOR SALUTE ADS
		SENIOR SALUTE ADS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/20 Rpt: 8/30	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
L	04/02/2024	DE WEBWORKS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.13	3901 N MAIN
		VICTORIA, TX 77901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  DOMAIN HOSTING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/07/2024	DE WEBWORKS
H	Amount (\$)	Payee address; City; State; Zip Code
	\$54.13	3901 N MAIN
		VICTORIA, TX 77901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DOMAIN HOSTING
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	04/30/2024	EXPRESSIONS FLORAL & GIFTS
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$278.96	3809 N MAIN
		VICTORIA, TX 77901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  JILL FOX FUNERAL
		SILL FOX FOINERAL
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### 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 Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tatalana C. I. I. T.	
1	Total pages Schedule F1: Sch: 6/20 Rpt: 9/30	2 FILER NAME Morrison, Geanie W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00032386
4	Date	5 Payee name
	05/07/2024	GABRIEL PROJECT OF THE CROSSROADS
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO BOX 345  VICTORIA, TX 77902
8	PURPOSE	(a) Cotogony (b) Description
ľ	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  CRISIS PREGNANCY SUPPORT
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/29/2024	GOLIAD COUNTY CHAMBER OF COMMERCE
	Amount (\$) \$35.00	Payee address; City; State; Zip Code PO BOX 606
		GOLIAD, TX 77963
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		MEMBERHIP
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2024	INEZ COMMUNITY BENEFIT ASSCO
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO BOX 372
		INEZ, TX 77968
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  FUND RAISER
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica 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: 7/20 Rpt: 10/30	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	01/06/2024	JEFF WILLIAMS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	702 SANTA FE
		VICTORIA, TX 77904
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  ETHICS REPORTING
		ETHICS REPORTING
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2024	LAWSON STRATEGIES LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,975.58	1407 LOST CREED BLVD
		AUSTIN, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		JANUARY RETAINER
		o, ato, at the manual to
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	02/19/2024	Payee name  LAWSON STRATEGIES LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,775.58	1407 LOST CREED BLVD
L		AUSTIN, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  FEBRUARY RETAINER
		I EDNOAL RETAINER
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Gui			Vages	/Contract Labor		OTHER (enter	a category not liste	ed above)
_		_			iue expiairis	ilow to co	ilipie	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	•	nission Filers)
	Sch: 8/20 Rpt: 11/30	l	Morrison, G	Seanie W. (The H	onorable)					00032386	5	
4	Date	5	Payee name									
	03/14/2024	l		STRATEGIES LLO	С							
6	Amount (¢)	-	Payee addre			Zip Co	do					
٥	Amount (\$)	'			State,	Zip Cc	ue					
	\$2,775.58	l	1407 LOST	CREED BLVD								
		l										
		l	AUSTIN, TX	X 78746								
8	PURPOSE	(a)	Category (s	ee Categories listed at the	o top of this sch	odulo)	(b)	Description				
	OF	l`	Consulting		e top of this sch	edule)	` ´		outsi	de of Texas. Co	mplete Schedule T	-
	EXPENDITURE	l	Concurring					Check if Austin	, TX	officeholder livi	ng expense	
		l						MARCH RET	ΊΑ	NER		
		l										
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	aht			Office	held	
	expenditure to benefit C/OI						5					
H		_										
	Date	l	Payee name									
	04/08/2024		LAWSON S	STRATEGIES LLO	С							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$2,775.58	l	1407 LOST	CREED BLVD								
		l										
		l	AUSTIN, TX	y 79746								
		<u> </u>				1						
	PURPOSE OF	(a)		ee Categories listed at the	e top of this sch	edule)	(b)	Description				
	EXPENDITURE	l	Consulting	Expense				Check if travel of Check if Austin			mplete Schedule T	•
		l						APRIL RETA			ing expense	
								AFRIL KLIA	IIIVL	_IX		
_		L_					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office	held	
	experience to benefit eyes											
	Date		Payee name									
	05/07/2024		LAWSON S	STRATEGIES LLO	С							
	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	de					
	\$2,775.58	l	•	CREED BLVD								
	Ψ2,110.00	l	1101 2001	0.1225 5215								
		l										
			AUSTIN, T	X 78746								
	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	l	Consulting	Expense							mplete Schedule T	•
	EXI ENDITORE	l						Check if Austin			ng expense	
		l						MAY RETAIN	NEF	₹		
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office	held	
	expenditure to benefit C/OI	H										

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 9/20 Rpt: 12/30	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	06/07/2024	LAWSON STRATEGIES LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,147.57	1407 LOST CREED BLVD
		AUSTIN, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  JUNE RETAINER
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/08/2024	MID-COAST FAMILY SERVICES
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,700.00	2010 N NAVARRO
	•	STE A
		VICTORIA, TX 77901
⊢	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
		FUNDRAISER
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to benefit Gree	
	Date	Payee name
	02/18/2024	MID-COAST FAMILY SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2010 N NAVARRO
		VICTORIA, TX 77901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		MAH JONGG FUNDRAISER
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
H		

### SCHEDULE F1

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

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

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	A Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not liste  The Instruction Guide explains how to complete this form.	d above)						
1	Total pages Schedule F1:		nission Filers)						
L	Sch: 10/20 Rpt: 13/30	Morrison, Geanie W. (The Honorable) 00032386							
4		5 Payee name							
L	01/06/2024	MOVE IT STORAGE							
6		7 Payee address; City; State; Zip Code							
	\$183.00	4401 JOHN STOCKBAUER							
		VICTORIA, TX 77904							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		A136 UNIT							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH	H							
T	Date	Payee name							
	02/29/2024	PROJECT GRADUATION, INC - CUERO HS							
	Amount (\$)	Payee address; City; State; Zip Code							
\$250.00		3182 LIVE OAK RD							
		CUERO, TX 77954							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
	_//	Check if Austin, TX, officeholder living expense	Check if Austin, TX, officeholder living expense PROJECT GRADUATION						
		FROJECT GRADUATION							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Oh								
H	Date	Payee name							
	04/18/2024	SHERIFF'S ASSOCIATION OF TEXAS							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$125.00	1601 SOUTH IH-35							
	,								
		AUSTIN, TX 78741							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
	LAFEINDITURE	Check if Austin, TX, officeholder living expense							
		ANNUAL DUES							
	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H							

### 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

Printing Expense Travel III L
Printing Expense Travel Ou
Salaries/Wages/Contract Labor OTHER (6

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 11/20 Rpt: 14/30		3 Filer ID (Ethics Commission Filers) 00032386
4	Date 06/07/2024	5 Payee name SOUTH TEXAS NEWS INC	
6	Amount (\$) \$249.00	7 Payee address; City; State; Zip Code 111 N WASHINGTON ST	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ADUATION TAB
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/29/2024	Payee name STORAGE RENTALS OF AMERICA	
	Amount (\$) \$183.00	Payee address; City; State; Zip Code 4401 JOHN STOCKBAUER  VICTORIA, TX 77904	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date 03/27/2024	Payee name STORAGE RENTALS OF AMERICA	
	Amount (\$) \$197.00	Payee address; City; State; Zip Code 4401 JOHN STOCKBAUER	
		VICTORIA, TX 77904	
	PURPOSE OF EXPENDITURE	Onice Overneau/Nerital Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held

### SCHEDULE F1

Event Expense Fees Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment		al Committee Legal Services Salaries/Wages/Contract Labor					Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide	e explains how	to compl	ete this form.					
1	Total pages Schedule F1: Sch: 12/20 Rpt: 15/30	1	E Geanie W. (The Hoi	norable)			3	Filer ID 00032386	(Ethics Commission Filers)		
4	Date	<b>5</b> Payee name		,			<u> </u>			_	
7	04/12/2024		E RENTALS OF AM	ERICA							
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zi	p Code						
	\$386.00	4401 JOH	N STOCKBAUER								
_			, TX 77904		10.						
8	PURPOSE OF EXPENDITURE		See Categories listed at the tr erhead/Rental Exper		) <b>(b)</b>	=		de of Texas. Coi officeholder livir	nplete Schedule T. Ig expense		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	e sought			Office h	eld		
	Date	Payee nam	<del></del>								
	05/22/2024	STORAGE	RENTALS OF AM	ERICA							
	Amount (\$)	Payee addr	ess; City;	State; Zi	p Code					_	
	\$440.00	4401 JOH	N STOCKBAUER								
		VICTORIA	, TX 77904								
	PURPOSE OF	(a) Category (	See Categories listed at the to	op of this schedule	) (b)	Description					
	EXPENDITURE	Office Ove	rhead/Rental Exper	nse		<b>=</b>		de of Texas. Co officeholder livir	nplete Schedule T.		
					A131						
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	e sought			Office h	eld	_	
-	Date	Payee nam								=	
	02/16/2024	l í	DUSE OF REPRES	ENTATIVE							
	Amount (\$)	Payee addr	•	State; Zi	p Code						
	\$216.50	1400 N C	NGRESS								
		AUSTIN, T	X 78701								
	PURPOSE	(a) Category (	See Categories listed at the to	op of this schedule	) <b>(b)</b>	Description					
	OF EXPENDITURE	Gift/Award	s/Memorials Expen	se					nplete Schedule T.		
						FLAGS	ı, 1 X,	officeholder livir	ig expense		
$\vdash$	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office	e sought			Office h	eld	_	
	expenditure to benefit C/OI		<del></del>	20							
										_	

### 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/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 13/20 Rpt: 16/30	Morrison, Geanie W. (The Honorable) 00032386
4 Date 06/04/2024	5 Payee name THE UPS STORE
6 Amount (\$) \$938.98	7 Payee address; City; State; Zip Code 8806 N NAVARRO STE 600 VICTORIA, TX 77904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  GRADUATE CERTFICATES
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/06/2024	VICTORIA ADVOCATE
Amount (\$) \$375.00	Payee address; City; State; Zip Code  101 W GOODWIN
DUDDOOF	VICTORIA, TX 77901
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  ADS
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/14/2024	VICTORIA ADVOCATE
Amount (\$) \$640.00	Payee address; City; State; Zip Code 101 W GOODWIN
	VICTORIA, TX 77901
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LIVESTOCK SHOW TAB
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense 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) Sch: 14/20 Rpt: 17/30 Morrison, Geanie W. (The Honorable) 00032386 4 Date Payee name VICTORIA ADVOCATE 04/18/2024 6 Amount (\$) Payee address; State; Zip Code \$318.00 101 W GOODWIN VICTORIA, TX 77901 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 **EASTER SPECIAL SECTION** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/19/2024 VICTORIA ADVOCATE Amount (\$) Payee address; City; State; Zip Code \$1,583.00 101 W GOODWIN VICTORIA, TX 77901 **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 **GRADUATION & MEMORIAL DAY** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/06/2024 VICTORIA CHAMBER OF COMMERCE Amount (\$) Payee address: City; State; Zip Code \$50.00 PO BOX 2465 VICTORIA, TX 77902 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense TRANSPORTATION CONFERENCE 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
Candidate/Officeholder/Political

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Sei				Vages	ete this form.		OTHER (enter	a category not listed	above)	
╙		_			ti detion et	aide expidiri	13 110W to co	Пріс		_				
1	Total pages Schedule F1:	2	FILER NAME	E						3	Filer ID	(Ethics Commis	ssion Filers)	
	Sch: 15/20 Rpt: 18/30		Morrison, G	Seanie '	W. (The F	Honorable	·)				00032386			
4	Date	5	Payee name	1										
	02/18/2024	ľ	VICTORIA		RED OE		CE							
	02/10/2024	L			BER OF V	COMMEN								
6	Amount (\$)	7	Payee addre	ess;	City;	Stat	te; Zip Co	de						
	\$2,050.00		PO BOX 46	642										
			VICTORIA	TV 77	000									
			VICTORIA,	, IX //:	902									
8	PURPOSE	(a)	Category (S	See Catego	ries listed at tl	ne top of this s	chedule)	(b)	Description					
	OF		Advertising									mplete Schedule T.		
	EXPENDITURE		_	-					Check if Austin	, TX	officeholder livi	ng expense		
									ANNUAL DIN	INE	ER .			
9	Complete ONLY if direct		Candidate/Off	iceholde	er name		Office sou	aht			Office I	neld		
ľ	expenditure to benefit C/OI		odiraradio, ori	10011010	, ridirio		011100 000	giit			0111001	1014		
L		_												
l	Date		Payee name	<b>:</b>										
	03/14/2024		VICTORIA	CHAM	BER OF (	COMMER	RCE							
H	Amount (\$)	H	Payee addre	ess:	City;	Stat	te; Zip Co	ode						
l	\$25.00		PO BOX 4642											
l	Φ23.00		FU BUX 40	J4Z										
l														
			VICTORIA,	TX 77	902									
H	PURPOSE	(a)	Category (S	`aa Cataaa	rice lieted at th	no ton of this o	ahadula)	(b)	Description					
l	OF	``				ie top oi triis s	criedule)	(,	_	outsi	de of Texas. Co	mplete Schedule T.		
l	EXPENDITURE	Cher				<b>=</b>	Check if Austin, TX, officeholder living expense							
l						FEBRUARY LUNCHEON								
┝	Operation ONE Wife Street	Ц	0	:II-I			Off:				O#: 1	1 - 1		
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought							Office held				
	experientare to beliefit 6/61													
	Date		Payee name	;										
l	04/08/2024		VICTORIA		BER OF (	COMMER	CF							
	Amount (\$)		Payee addre		City;	Stat	te; Zip Co	oae						
l	\$25.00		PO BOX 46	542										
l														
l			VICTORIA,	TX 77	902									
┝	BUBBOOK	<del>                                     </del>						<i>a</i> >						
	PURPOSE OF	(a)	Category (S			ne top of this s	chedule)	(b)	Description					
	EXPENDITURE		Advertising	Expen	se							mplete Schedule T.		
									Check if Austin			ng expense		
									MARCH LUN	ICF	IEON			
L								L						
Γ	Complete ONLY if direct		Candidate/Off	iceholde	er name		Office sou	ght			Office I	neld		
l	expenditure to benefit C/OI	Н												
$\vdash$														
l														
1														

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contract of Charles (Applied Contract)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Con  The Instruction Guide explains how to complete t	• • • • • • • • • • • • • • • • • • • •						
_	T	· · · · · · · · · · · · · · · · · · ·	<del></del>						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
	Sch: 16/20 Rpt: 19/30	Morrison, Geanie W. (The Honorable)	00032386						
4	Date	5 Payee name							
	05/07/2024	VICTORIA CHAMBER OF COMMERCE							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$25.00	PO BOX 4642							
		VICTORIA, TX 77902							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription						
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE		Check if Austin, TX, officeholder living expense						
		AF	PRIL LUNCHEON						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI	ı							
	Date	Payee name							
	05/22/2024	VICTORIA CHAMBER OF COMMERCE							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$50.00	PO BOX 4642							
		VICTORIA, TX 77902							
	PURPOSE		population						
	OF		escription Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense						
		MA	AY LUNCHEON						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI	l							
	Date	Payee name							
	06/19/2024	VICTORIA CHAMBER OF COMMERCE							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$25.00	PO BOX 4642							
		VICTORIA, TX 77092							
	DUDDOCE								
	PURPOSE OF	, , ,	escription Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense						
		JU	JNE LUNCHEON						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
ᆫ		The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 17/20 Rpt: 20/30	2 FILER NAME  Morrison, Geanie W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00032386							
Ļ	·	l l	_						
4	Date 01/17/2024	5 Payee name VICTORIA COUNTY REPUBLICAN PARTY							
L			_						
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$550.00	115 SOUTH MAIN							
		VICTORIA, TX 77901							
Ļ	DUDD 0.05		_						
8	PURPOSE 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							
		CANDIDATE FORUM							
		CANDIDATE FOROWI							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	H .							
F	Date	Payee name	_						
	01/06/2024	VICTORIA DOWNTOWN ROTARY							
┡			_						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$100.00	PO BOX 5111							
		VICTORIA, TX 77903							
┝	PURPOSE	I	_						
	OF	1							
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		FUNDRAISER							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·							
L	· 								
	Date	Payee name							
	05/07/2024	VICTORIA EAST PROJECT GRADUATION							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	PO BOX 7654							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		VICTORIA, TX 77903							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
ĺ		GRADUATION EVENT							
ĺ									
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI	H							
$\vdash$			_						
L									

### 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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 18/20 Rpt: 21/30	Morrison, Geanie W. (The Honorable) 00032386							
4	Date	Payee name							
	02/26/2024	VICTORIA FAIR ASSOCIATION							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$250.00	PO BOX 2255							
		VICTORIA, TX 77902							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
	-	Check if Austin, TX, officeholder living expense  BUYER FEE							
		BOTENTEE							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	expenditure to benefit C/Ol								
	Date	Power name							
	03/14/2024	Payee name VICTORIA FAIR ASSOCIATION							
	Amount (\$)	Payee address; City; State; Zip Code PO BOX 2255							
\$3,050.00 PO BOX 2255									
		V/0707/4 TV 7700							
		VICTORIA, TX 77902							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		AUCTION PURCHASE							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							
	Date	Payee name							
	03/22/2024	VICTORIA SYMPHONY							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	405 E LOMA VISTA							
		VICTORIA, TX 77901							
	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							
		GOURMET WINE DINNER SPONSOR							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
	Orange to bottom of or								

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction G	uide explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER N	AME				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 19/20 Rpt: 22/30	Morriso	n, Geanie W. (The	Honorable)				00032386		
4	Date	5 Payee na	ame							
	03/27/2024	WARRI	ORS WEEKEND FI	ELD OF HONOR						
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip Co	ode					
	\$160.00	3603 M	IORI LN							
		VICTOF	RIA, TX 77904							
8	PURPOSE	(a) Category	(See Categories listed at 1	the top of this schedule)	(b)	Description				
	OF EXPENDITURE		sing Expense			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE					_	ı, TX,	officeholder living	gexpense	
						FLAGS				
_			1000		<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OH		/Officeholder name	Office sou	ught			Office h	eld	
	<u>'</u>									
	Date	Payee na								
	02/19/2024	YORKT	OWN CHAMBER C	OF COMMERCE						
	Amount (\$)	Payee a		State; Zip Co	ode					
	\$60.00	141 SOUTH RIEDEL								
		YORKT	YORKTOWN, TX 78164							
	PURPOSE	(a) Category	(See Categories listed at	the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertis	sing Expense			=			plete Schedule T.	
						DUES	Ι, ΙΑ,	officeholder living	j experise	
						2020				
	Complete ONLY if direct	L Candidate	/Officeholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/OI				3					
_	Date	Payee na	ame							
	01/06/2024	1	OWN LITTLE LEAG	GUE						
	Amount (\$)	Payee a		State; Zip Co	nde					
	\$250.00	1	LST STREET	State, Zip Ct	Juc					
	Ψ200.00	711 77 1	OT OTKEET							
		VODKT	OWN, TX 78164							
					1					
	PURPOSE OF		(See Categories listed at the	the top of this schedule)	(a)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Advertis	sing Expense					officeholder living		
						SIGN SPONS	SO	R		
	Complete ONLY if direct		/Officeholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI	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

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

	Candidate/Officeholder/Politica 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: 20/20 Rpt: 23/30	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	02/29/2024	YORKTOWN PROJECT GRADUATION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1024 VFW ROAD
		YORKTOWN, TX 78164
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense PROJECT GRADUATION
		TROJECT GRADOATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Ε	Date	Payee name
	02/19/2024	YOUNG LIFE - VICTORIA
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO BOX 5184
		HARLAN, IA 51593
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CAMP SCHOLORSHIPS
		G. W. GOLIGEOLGI III G
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

#### 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/Award/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	-	THER (enter a category not listed to	above)				
1	Total pages Schedule F4:	<u> </u>	3 Filer ID (Ethics Commission Filers)							
	Sch: 1/7 Rpt: 24/30	Morrison, Geanie V	V. (The Honorable)	00032386						
4	CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	MIZED \$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid					
		\$2.12	01/01/2024							
7	PAYEE	(a) Payee name  GOOGLE STORAC	GE	(b) Payee address; 1600 AMPHITHEATRE PA		Zip Code				
Ļ	DUDDOCE OF	(a) Catagony		MOUNTAIN VIEW, CA 94	1043					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description OFFICE						
	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 Office	e sought	Office held					
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$598.62	(b) Date of Charge 01/01/2024	(c) Date(s) Credit Card Issuer	r Paid					
	PAYEE	(a) Payee name  CAPITOL GIFT SH	OP	(b) Payee address; City, State, Zip Code 1400 CONGRESS AVE STE E1.006 AUSTIN, TX 78701						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description STAFF GIFTS						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held					
	PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 01/10/2024	(c) Date(s) Credit Card Issuer	r Paid					
	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
		GOOGLE STORAG	GE	1600 AMPHITHEATRE PARKWAY  MOUNTAIN VIEW, CA 94043						
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE								
L	Non-Political	(7)	of Texas. Complete Schedule T.		officeholder living expense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
l										

#### 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 Insti	ruction Guide explains how	to complete thi	s form.		,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
Sch: 2/7 Rpt: 25/30	Morrison, Geanie W	V. (The Honorable)			00032386				
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid				
	\$2.12	02/10/2024							
7 PAYEE	(a) Payee name  GOOGLE STORAG	GE	(b) Payee ad 1600 AMPI	ldress; HITHEATRE PA	City, ARKWAY	State,	Zip Code		
				VIEW, CA 94	043				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description	on					
X Political	Office Overhead/Rent		OFFICE						
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 Issuer	r Paid				
	\$128.31	02/13/2024							
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code		
	SAM'S CLUB		9202 N NAVARRO						
			VICTORIA, TX 77904						
PURPOSE OF	(a) Category	(4)	(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		OFFICE SNACKS						
X Political			<u> </u>						
Non-Political	· · · · · · · · · · · · · · · · · · ·	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 Offic	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid				
	\$71.48	02/13/2024							
PAYEE	(a) Payee name	ı	(b) Payee ad	Idress;	City,	State,	Zip Code		
	EL RODEO NO 2		3402 SAM HOUSTON						
			VICTORIA,	, TX 77904					
PURPOSE OF	(a) Category	-£4bibd-d-\	(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	CONSTITU	JANT MEAL					
X Political									
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
I									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Mange/Control Labor

Candidate/Officenoider/Politica	•	ruction Guide explains how	to complete this		THER (enter a catego	ory not listed a	pove)
1 Total pages Schedule F4:				3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)		
Sch: 3/7 Rpt: 26/30	Morrison, Geanie V	00032386					
4 CREDIT CARD ISSUER	Name of final	5 TOTAL OF EXPENDIT CHARGED CARD		\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$35.00	02/19/2024					
7 PAYEE	PAYEE (a) Payee name (b) TEXAS MONTHLY			ress; 69	City,	State,	Zip Code
			AUSTIN, TX	78767			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		SUBSCRIPT	TION			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX,	officeholder living ex	pense	
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) Cre	edit Card Issue	r Paid		
	\$97.71	02/26/2024					
PAYEE	(a) Payee name	•	(b) Payee add	ress;	City,	State,	Zip Code
	WATER WELL CAF		215 S MAIN	ST			
			VICTORIA,	TX 77901			
PURPOSE OF	(a) Category		(b) Description	1			
EXPENDITURE	(See Categories listed at the top of this schedule) Food/Beverage Expense		CONSTITUA	ANT MEAL			
X Political	T odd/Beverage Exper	1150					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. П	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issue	r Paid		
	\$2.12	03/10/2024					
PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
	GOOGLE STORAGE		1600 AMPH	ITHEATRE P.	ARKWAY		
			MOUNTAIN	VIEW, CA 94	1043		
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of this schedule)		OFFICE				
X Political	Office Overhead/Rental Expense						
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							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Mange/Control Labor

Candidate/Officenoider/Politica	-	ruction Guide explains how		HER (enter a category not listed above)			
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)			
Sch: 4/7 Rpt: 27/30	Morrison, Geanie W	V. (The Honorable)		00032386			
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$2.12	04/10/2024					
7 PAYEE	(a) Payee name  GOOGLE STORAGE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PARKWAY				
	( ) -		MOUNTAIN VIEW, CA 94	043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Office Overhead/Rent		OFFICE				
X Political							
Non-Political	(*) <b>L</b>	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			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$271.52	04/22/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Co	ode		
	THE LOREN HOTEL		1211 W RIVERSIDE DR				
			AUSTIN, TX 78704				
PURPOSE OF	(a) Category	(d): 1 11 )	(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		CONSTITUANT MEAL				
X Political							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$182.11	04/25/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode		
			6106 N NAVARRO				
	HEB						
			VICTORIA, TX 77904				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description				
			FUNERAL MEAL				
X Political	<u> </u>						
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 Office 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 Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 5/7 Rpt: 28/30	Morrison, Geanie W. (The Honorable)				00032386			
4	CREDIT CARD ISSUER	EXPEND			. OF UNITEMIZED NDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	Paid			
		\$104.30	05/04/2024						
7	PAYEE	(a) Payee name		(b) Payee	•	City,	State,	Zip Code	
		GIVEBUTTER.COM	2810 NORTH CHURCH STREET STE 53748 WILMINGTONG, DE 19802						
8	PURPOSE OF	(a) Category		(b) Descri	ption				
	EXPENDITURE  X Political	(See Categories listed at the top Gift/Awards/Memorial	· ·	GIFT					
	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			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	Paid			
		\$184.95	05/06/2024						
PAYEE (a) Paye		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		THE UPS STORE			NAVARRO				
				STE 600					
┡	DUDDOCE OF				IA, TX 77904				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Descri	IG OF FLAGS				
	X Political	Office Overhead/Rent	tal Expense	SHIFFING OF FLAGS					
	Non-Political				Chook if Austin TV	officeholder living eve	onco		
┝	Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, 1  Candidate/Officeholder name Office sought			Crieck ii Austin, 1X,	Office held	erise		
l e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	Paid			
		\$303.10	06/03/2024						
		4000.10	00,00,2021						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		CAPITOL GIFT SHOP		1400 CC	NGRESS AVE				
				STE E1.	006				
L					, TX 78701				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•				
1		Gift/Awards/Memorials Expense		STAFF (	311.19				
	X Political								
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
<b> </b>	Complete ONLY if direct expenditure to benefit C/OH								
╚	Apenditure to benefit C/OH								
ı									

### 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 6/7 Rpt: 29/30	Morrison, Geanie W. (The Honorable)			00032386				
4 CREDIT CARD ISSUER	Name of financial institution  See previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$50.58	06/05/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	CRUMBLE VICTORIA  8806 N NAVARRO STE 100 VICTORIA, TX 77904							
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	· ·	STAFF FOOD					
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$2.12	05/10/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	GOOGLE STORAG	1600 AMPHITHEATRE PARKWAY						
	MOUNTAIN VIEW, CA			1043				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description OFFICE					
X Political	Office Overhead/Rental Expense							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of			officeholder living expe	nse			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$79.00	(b) Date of Charge 05/11/2024	(c) Date(s) Credit Card Issue	r Paid				
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code		
		807 BRAZOS ST						
	TEXASGOP.ORG							
		AUSTIN, TX 78701						
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	CONVENTION EXPENSE	Ξ				
X Political	L Voite Experior							
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								

### 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:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 7/7 Rpt: 30/30	Morrison, Geanie W. (The Honorable)			00032386					
4 CREDIT CARD ISSUER	Name of financial institution  See previous  See previous			\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	Paid				
	\$98.96	05/13/2024							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	TEXASFRW	TEXASFRW 13740 N HIGHWAY 183 STE J4 AUSTIN, TX 78750							
8 PURPOSE OF	(a) Category		(b) Descripti	ion					
EXPENDITURE  X Political	(See Categories listed at the top Event Expense	of this schedule)	CONVENT	TION EXPENSE					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT (a) Amount Charged (b) Date of Charge		(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid				
	\$2,345.00	05/27/2024							
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code		
	MARRIOT SAN ANTONIO		101 BOWIE ST						
				SAN ANTONIO, TX 78205					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description CONVENTION EXPENSE						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct candidate/Officeholder name Office expenditure to benefit C/OH			e sought		Office held				
PAYMENT				Credit Card Issuer	r Paid				
	\$50.00	02/07/2024							
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
			PO BOX 78045						
	CITI CARD								
	PHOENIX, AZ 85062			, AZ 85062					
PURPOSE OF	(a) Category		(b) Descripti						
EXPENDITURE	(See Categories listed at the top of this schedule)  Fees  ME			SHIP FEE					
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									