### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

The C/C	OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commis 00084305	sion Filers)	2 Total pages f	iled: 30
3 CAN	IDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFF NAM		The Honorable	Heriberto			Date Received	
						ELECTRONIC	ALLY FILED
					SUFFIX	10/07/2024	
		NICKNAME	LAST Morales		SUFFIX Jr.	10/01/2024	
			MUTAIES		51.		
OFF MAII	IDIDATE / FICEHOLDER LING DRESS	ADDRESS / PO BOX; AF 352 Hillcrest Blvd	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	or Date Postmarked
	Change of Address	Eagle Pass, TX 78852				Date Processed	
						Date Imaged	
5 CAN	IPAIGN	MS / MRS / MR	FIRST		MI		
TRE NAM	ASURER 1E	Mr.	Heriberto				
		NICKNAME	LAST		SUFFIX		
		Eddie	Morales Jr.		Jr.		
6 CAN	IPAIGN	STREET ADDRESS (NO F	O BOX PLEASE);	APT	/ SUITE #; CITY	7; ST.	ATE; ZIP CODE
TRE	ASURER	352 Hillcrest Blvd	,,			, -	,
(Resid	dence or Business)	Eagle Pass, TX 78852					
	IPAIGN ASURER DNE	AREA CODE PH0 (830) 513-1124	ONE NUMBER E	EXTENSION			
8 REP TYP		January 15 July 15	X 30th day before 8th day before		Runoff [ Exceeded modified reporting limit	15th day after ca appointment (off Final Report (Att	
9 PER		Month Day Yaa			Month Day	Voor	
	/ERED	Month Day Year 07/01/2024		IROUGH	Month Day 09/26/20	Year 24	
10 ELE	CTION	ELECTION DATE Month Day Year 11/05/2024		rimary General	ELECTION TYPE Runoff Special	Other	
11 OFF	ICF	OFFICE HELD (if any)	I		12 OFFICE SOUGH	T (if known)	
		State Representative Di	strict 74 Maverick	<u>.</u>		itative District 74	
					•		
			GO I	O PAGE 2			
	rovidod by To	xas Ethics Commission			<u></u>	\/~~~	ion 1/4 1 0 40do515
		xas Eunius Commission	www.et	hics.state.tx.us	>	vers	ion V4.1.0.48da51f7

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

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

14 Filer ID

13 C / OH NAME	Morales Jr., Heriberto (The Honorable) 14 Filer ID 00084305			(Ethics Cor	nmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	. These expenditure	ns accepted or political expendes and the second second second second second second required to report this informat	ut the candidate's or offic	ceholder's ki	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NA	ME			
	GENERAL	TREPAC				
		COMMITTEE AD	DRESS			
	X SPECIFIC	1115 San Jacin	to			
		Austin, TX 7870				
			MPAIGN TREASURER NAME			
		Lesly Cantu				
		COMMITTEE CA	MPAIGN TREASURER ADDR	ESS		
		TX 78701				
<b>16</b> CONTRIBUTION TOTALS			CONTRIBUTIONS (OTHER TH R CONTRIBUTIONS MADE EL		, \$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS	<b>DNS</b> 5, OR GUARANTEES OF LOA	NS)	\$	99,670.66
EXPENDITURE TOTALS	3. TOTAL UNITEN	1IZED POLITICAL E	EXPENDITURES		\$	0.00
	4. TOTAL POLITI	CAL EXPENDITUR	ES		\$	25,417.30
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING P		NS MAINTAINED AS OF THE	LAST DAY OF THE	\$	211,729.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR		ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$	215,000.00
17 AFFIDAVIT			I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required		
			The Hono	rable Heriberto Moral	es lr	
				of Candidate or Officeh		
AFFIX NC	)TARY STAMP / SEAL AE	BOVE	Signature			
Sworn to and subs	scribed before me. by the	said		, this the		day
			s my hand and seal of office.	,		
Signature of off	icer administering	Printed name	e of officer administering	Title of offic	er administe	ring oath

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 30 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Morales Jr., Heriberto (The Honorable) 00084305 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 99,670.66 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 25,417.30 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/30	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Heriberto (The Honorable)			00084305	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	09/26/2024	AGC of TEXAS PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78768	i			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	09/26/2024	Associated General Contractors of Texas PAC				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78768	1			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	08/25/2024	Babberney, Cameron				\$40.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78756				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	Massage the		Self	-)		
⊨	Date	Full name of contributor out-of-state PAC (ID#	. )	Г	Amount of Contribution (\$)	
	07/29/2024	C Maintenance & Janitorial	/		/	\$100.00
		Contributor address; City; State; Zip Code		ł		
		Eagle Pass, TX 78852				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	07/31/2024	Castaneda, Francisco				\$500.00
		Contributor address; City; State; Zip Code		1		
L	<u> </u>	San Antonio, TX 78258		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	tech		USAA			
í –						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/30	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		Heriberto (The Honorable)			00084305	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/25/2024	Chapa Law				\$3,000.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78217				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
-	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/26/2024	Chavez, Hugo	/			\$50.00
	0012012027	-		-		Ψυυ.υυ
		Contributor address; City; State; Zip Code				
		Forney, TX 75126				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	NA		NA			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/26/2024	DASGUPTA, BHASKAR				\$7.50
		Contributor address; City; State; Zip Code		1		
		CHICAGO, IL 60607				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PROFESSO	R	UIC			
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	07/26/2024	FAROOQI, ROBERT				\$1.50
		Contributor address; City; State; Zip Code				
		RIDGEWOOD, NJ				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	SELF		SELF			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/30/2024	FAROOQI, ROBERT				\$3.00
		Contributor address; City; State; Zip Code				
		RIDGEWOOD, NJ				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	SELF		SELF			

	The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 3/15 Rpt: 6/30	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
-		Heriberto (The Honorable)		00084305	
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)	
	07/16/2024	Flores Paint and Auto Glass Inc		\$3,000	.00
		6 Contributor address; City; State; Zip Code			
0	Drinoinal acou	Eagle Pass, TX 78852	Employer (See Instructions	<u>.</u>	
0	Philiparoccu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
	Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
	08/30/2024	Flores, Mike		\$10	.00
		Contributor address; City; State; Zip Code			
		Plano, TX 75074	i		
		pation / Job title (See Instructions)	Employer (See Instructions	<b>)</b>	
	NA		NA		
	Date		D#:)	Amount of Contribution (\$)	
	09/26/2024	Forshage, Joseph		\$1,000	.00
		Contributor address; City; State; Zip Code			
		Eidenburg, TX 78541			
	Drincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Self		Self		
_		Full name of contributor Out-of-state PAC (II		Amount of Contribution (ft)	
	Date 07/23/2024	Foul name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$) \$25	00
	0112312024			φ23	.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78758			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
	DOO		Home Slice Pizza		
	Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)	
	08/27/2024	Franco, Maria		\$50	.00
		Contributor address; City; State; Zip Code			
		El Paso, TX 79938			
		pation / Job title (See Instructions)	Employer (See Instructions		
	License Spe	cialist	TXDot		

_						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/30	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Heriberto (The Honorable)			00084305	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	08/20/2024	Galindo, Oscar				\$35.00
		6 Contributor address; City; State; Zip Code		1		
		Eagle Pass, TX 78852				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	County Exte	nsion Agent	Texas A&M			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/31/2024	Garcia, Vivian				\$1.00
		Contributor address; City; State; Zip Code		1		
		LAredo, TX 78045				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	FNP		Self			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/19/2024	Garcia, Vivian				\$10.00
		Contributor address; City; State; Zip Code		1		
		Eagle Pass, TX 78852				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	FNP		Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/31/2024	Gilliland, Lukin				\$500.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Investor		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/06/2024	Gilliland, Lukin				\$250.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Investor		Self Employed			
			•			

-						
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/30	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Morales Jr.,	Heriberto (The Honorable)			00084305	
4	Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7	Amount of Contribution (\$)	
	07/25/2024	Gonzalez, Oscar				\$35.00
		6 Contributor address; City; State; Zip Code		1		
		Eagle Pass, TX 78852				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Ī	Amount of Contribution (\$)	
	08/25/2024	Gonzalez, Oscar				\$35.00
		Contributor address; City; State; Zip Code		1		
		Eagle Pass, TX 78852				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	08/31/2024	Guedea, Cynthia				\$20.00
		Contributor address; City; State; Zip Code		1		
		Eagle Pass, TX 78852				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Principal		EPISD			
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	08/29/2024	Guzman, Ramiro				\$10.00
		Contributor address; City; State; Zip Code		1		
		Del Rio, TX 78840	<u> </u>	<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Field logistic	.s	TempTRIP LLC			
Γ	Date	Full name of contributor out-of-state PAC (ID	D#:)	T	Amount of Contribution (\$)	
	08/21/2024	Hanko, Sean				\$100.00
		Contributor address; City; State; Zip Code		]		
		Austin, TX 78701	-			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Consultant		Hanko Managment			

2       FLER IN MARE Morales Jr., Heriberto (The Honorable)       3       Filer ID       (Ehier Commission Filers) 00084305         4       Date 07/03/2024       Full name of contributor econtributor address: City, State: Zip Code       7       Amount of Contribution (S) \$1,000.00         6       Contributor address: City, State: Zip Code       7       Amount of Contribution (S) \$1,000.00         08/06/2024       Full name of contributor adgress: City, State; Zip Code       Amount of Contribution (S) \$100.00         08/06/2024       Full name of contributor adgress; City, State; Zip Code       Amount of Contribution (S) \$100.00         Principal occupation / Job title (See Instructions) retired       Employer (See Instructions) retired       Amount of Contribution (S) \$10.00         07/26/2024       Full name of contributor NALASKA, TX 77360       Employer (See Instructions) retired       Amount of Contribution (S) \$10.00         07/25/2024       Full name of contributor NALASKA, TX 77360       Employer (See Instructions) NA       Amount of Contribution (S) \$10.00         07/25/2024       Full name of contributor Ornibutor address; City, State; Zip Code       Amount of Contribution (S) \$50.00       State; Zip Code         08/06/2024       Full name of contributor RKRAMER, GERALD Contributor address; City, State; Zip Code       Amount of Contribution (S) \$50.00         08/15/2024       Full name of contributor RKRAMER, GERALD Contributor address; City, State; Zip Code <th></th> <th>The Instru</th> <th>ction Guide explains how to complete this f</th> <th>form.</th> <th></th> <th>Total pages Schedule A1: Sch: 6/15 Rpt: 9/30</th> <th></th>		The Instru	ction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 6/15 Rpt: 9/30	
4       Date       5       Full name of contributor       out-of-state PAC (IDE::::::::::::::::::::::::::::::::::::	2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
07/03/2024       Health Care Service PAC       \$1,000.00         6       Contributor address; City; State; Zip Code       \$1,000.00         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (De:		Morales Jr.,	Heriberto (The Honorable)			00084305	
6       Contributor address; City; State; Zip Code         Austin, TX       9       Employer (See Instructions)         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         08/06/2024       Jagger, Todd	4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
i       6       Contributor address: City: State; Zip Code         Austin, TX       9       Employer (See Instructions)         0       Full name of contributor		07/03/2024					\$1,000.00
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         S100.00       Contributor address; City; State; Zip Code       Fort Davis, TX 79734       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       retired         Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         07/26/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         07/26/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         07/26/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         07/25/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         07/25/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         07/25/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         07/25/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)<							
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID/2)       Amount of Contribution (\$)         S100.00       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         retired       Full name of contributor       out-of-state PAC (ID/2)       Amount of Contribution (\$)         07/26/2024       Full name of contributor       out-of-state PAC (ID/2)       Amount of Contribution (\$)         07/26/2024       Full name of contributor       out-of-state PAC (ID/2)       Amount of Contribution (\$)         07/26/2024       Full name of contributor       out-of-state PAC (ID/2)       Amount of Contribution (\$)         07/26/2024       Full name of contributor       out-of-state PAC (ID/2)       Amount of Contribution (\$)         NA       NA       NA       St00.00       St00.00         07/25/2024       Full name of contributor       out-of-state PAC (ID/2)       Amount of Contribution (\$)         07/25/2024       Full name of contributor       out-of-state PAC (ID/2)       Amount of Contribution (\$)         07/25/2024       Full name of contributor       out-of-state PAC (ID/2)							
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/06/2024       Jagger, Todd			Austin, TX				
08/06/2024       Jagger, Todd       S100.00         Contributor address; City; State; Zip Code       Fort Davis, TX 79734         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         retired       Full name of contributor       out-of-state PAC (D#:)         Date       Full name of contributor       out-of-state PAC (D#:)         07/26/2024       KNIGHT, S       Contributor address; City; State; Zip Code         07/26/2024       KNIGHT, S       Contributor address; City; State; Zip Code         07/26/2024       KNIGHT, S       Employer (See Instructions)         NA       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/25/2024       Full name of contributor       out-of-state PAC (D#:	8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
08/06/2024       Jagger, Todd       S100.00         Contributor address; City; State; Zip Code       Fort Davis, TX 79734         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         retired       Full name of contributor       out-of-state PAC (D#:)         Date       Full name of contributor       out-of-state PAC (D#:)         07/26/2024       KNIGHT, S       Contributor address; City; State; Zip Code         07/26/2024       KNIGHT, S       Contributor address; City; State; Zip Code         07/26/2024       KNIGHT, S       Employer (See Instructions)         NA       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/25/2024       Full name of contributor       out-of-state PAC (D#:	L			<u> </u>			
Contributor address; City; State; Zip Code         Fort Davis, TX 79734         Principal occupation / Job title (See Instructions) retired       Employer (See Instructions) retired         Date 07/26/2024       Full name of contributor on out-of-state PAC (DBF KNIGHT, S       Amount of Contribution (\$) \$10.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) 000000000000000000000000000000000000				)	'	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code     Fort Davis, TX 79734     Employer (See Instructions) retired       Principal occupation / Job title (See Instructions) retired     Employer (See Instructions) retired     Amount of Contribution (\$) (\$100 Contributor address; City; State; Zip Code     Amount of Contribution (\$) (\$100 Contributor (\$) (\$100 Contribution (\$) (\$100 Contributor address; City; State; Zip Code       Principal occupation / Job title (See Instructions) Amount of Contributor (\$) (\$100 Contributor address; City; State; Zip Code     Employer (See Instructions) NA       Date 07/25/2024 Contributor address; City; State; Zip Code     Employer (See Instructions) NA       Date 07/25/2024 Contributor address; City; State; Zip Code     Amount of Contribution (\$) (\$000 Contributor address; City; State; Zip Code       Principal occupation / Job title (See Instructions)     Employer (See Instructions) (\$000 Contributor address; City; State; Zip Code       Principal occupation / Job title (See Instructions)     Employer (See Instructions) (\$000 Contributor address; City; State; Zip Code       Principal occupation / Job title (See Instructions)     Employer (See Instructions) (\$000 Contributor address; City; State; Zip Code       Date 080 CA RATON, TX 33487     Employer (See Instructions) (\$25,000.00 Contributor address; City; State; Zip Code       Date 09/15/2024 100 Contributor		08/06/2024					\$100.00
Principal occupation / Job title (See Instructions) retired       Employer (See Instructions) retired         Date 07/26/2024       Full name of contributor		I					
Principal occupation / Job title (See Instructions) retired       Employer (See Instructions) retired         Date 07/26/2024       Full name of contributor		I					
Principal occupation / Job title (See Instructions) retired       Employer (See Instructions) retired         Date 07/26/2024       Full name of contributor		l	Fort Davis TX 79734				
retired       retired         Date 07/26/2024       Full name of contributor or out-of-state PAC (ID#:) KNIGHT, S       Amount of Contribution (\$) \$10.00         OnALASKA, TX 77360       Employer (See Instructions) NA       Full name of contributor or out-of-state PAC (ID#:) NA       Amount of Contribution (\$) \$10.00         Date 07/25/2024       Full name of contributor or out-of-state PAC (ID#:) KRAMER, GERALD       Amount of Contribution (\$) NA         Date 07/25/2024       Full name of contributor or out-of-state PAC (ID#:) KRAMER, GERALD       Amount of Contribution (\$) S50.00         Principal occupation / Job title (See Instructions) NA       Employer (See Instructions) EXTRA PACKAGING LLC       Amount of Contribution (\$) S50.00         Principal occupation / Job title (See Instructions) MANAGER       Full name of contributor or out-of-state PAC (ID#:	┝	Princinal occu		Employer (See Instructions)	<u> </u> ב)		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/26/2024       KNIGHT, S       \$10.00         Contributor address; City; State; Zip Code       \$10.00         ONALASKA, TX 77360       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         NA       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         07/25/2024       KRAMER, GERALD       Amount of Contribution (\$)         07/25/2024       Full name of contributor       out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         BOCA RATON, TX 33487       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         MANAGER       Full name of contributor       out-of-state PAC (ID#:					~		
07/26/2024       KNIGHT, S	╞				I .	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code				/	<sup>·</sup>		\$10.00
ONALASKA, TX 77360     Employer (See Instructions) NA       Principal occupation / Job title (See Instructions) NA     Employer (See Instructions) NA       Date 07/25/2024     Full name of contributor or out-of-state PAC (ID#:) Contributor address; City; State; Zip Code     Amount of Contribution (\$) \$50.00       BOCA RATON, TX 33487     Employer (See Instructions) Contributor address; City; State; Zip Code     Amount of Contribution (\$) \$50.00       Principal occupation / Job title (See Instructions) MANAGER     Employer (See Instructions) EXTRA PACKAGING LLC       Date 08/15/2024     Full name of contributor out-of-state PAC (ID#:) Kickapoo Traditional Tribe of Texas     Amount of Contribution (\$) \$25,000.00       Date 08/15/2024     Full name of contributor of Texas Contributor address; City; State; Zip Code     Amount of Contribution (\$) \$25,000.00       Eagle Pass, TX 78852     Eagle Pass, TX 78852     Amount of Contribution (\$)		01120.202					<b>*-·</b> ···
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         NA       NA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/25/2024       KRAMER, GERALD       \$50.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         BOCA RATON, TX 33487       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         MANAGER       Full name of contributor out-of-state PAC (ID#:)         Amount of Contributor (\$)       \$25,000.00         MANAGER       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$25,000.00         Kickapoo Traditional Tribe of Texas       Amount of Contribution (\$)         08/15/2024       Kickapoo Traditional Tribe of Texas         Eagle Pass, TX 78852       Eagle Pass, TX 78852		I					
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       NA     NA       Date     Full name of contributor out-of-state PAC (ID#:)       07/25/2024     KRAMER, GERALD       Contributor address; City; State; Zip Code     Amount of Contribution (\$)       BOCA RATON, TX 33487     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       MANAGER     Full name of contributor out-of-state PAC (ID#:       Date     Full name of contributor out-of-state PAC (ID#:       Date     Full name of contributor out-of-state PAC (ID#:       08/15/2024     Full name of contributor out-of-state PAC (ID#:       08/15/2024     Full name of contributor out-of-state PAC (ID#:		I					
NA     NA       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/25/2024     KRAMER, GERALD     \$50.00       Contributor address; City; State; Zip Code     BOCA RATON, TX 33487     State; Zip Code       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     EXTRA PACKAGING LLC       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       08/15/2024     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       08/15/2024     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       08/15/2024     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       08/15/2024     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       08/15/2024     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       08/15/2024     Fagle Pass, TX 78852     Amount of Contributor     \$25,000.00		I	ONALASKA, TX 77360				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/25/2024       KRAMER, GERALD       \$50.00         Contributor address; City; State; Zip Code       BOCA RATON, TX 33487       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       EXTRA PACKAGING LLC         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/15/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/15/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Eagle Pass, TX 78852       Eagle Pass, TX 78852       S25,000.00		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
07/25/2024       KRAMER, GERALD       \$50.00         Contributor address; City; State; Zip Code       \$50.00         BOCA RATON, TX 33487       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         MANAGER       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Kickapoo Traditional Tribe of Texas       \$25,000.00         08/15/2024       Full name of contributor out-of-state; Zip Code       Amount of Contribution (\$)         Eagle Pass, TX 78852       Eagle Pass, TX 78852       Amount of Contribution (\$)		NA		NA			
Contributor address; City; State; Zip Code         BOCA RATON, TX 33487         Principal occupation / Job title (See Instructions)         MANAGER         Date         Full name of contributor         Out-of-state PAC (ID#:)         Kickapoo Traditional Tribe of Texas         Contributor address; City; State; Zip Code         Eagle Pass, TX 78852		Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       BOCA RATON, TX 33487         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         MANAGER       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         08/15/2024       Kickapoo Traditional Tribe of Texas         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Eagle Pass, TX 78852       Eagle Pass, TX 78852		07/25/2024					\$50.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         MANAGER       EXTRA PACKAGING LLC         Date       Full name of contributor out-of-state PAC (ID#:)         08/15/2024       Kickapoo Traditional Tribe of Texas         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Eagle Pass, TX 78852       Eagle Pass, TX 78852		I			1		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         MANAGER       EXTRA PACKAGING LLC         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/15/2024       Kickapoo Traditional Tribe of Texas       \$25,000.00         Contributor address; City; State; Zip Code       Eagle Pass, TX 78852       Label Contribution		I					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         MANAGER       EXTRA PACKAGING LLC         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/15/2024       Kickapoo Traditional Tribe of Texas       \$25,000.00         Contributor address; City; State; Zip Code       Eagle Pass, TX 78852       Label Contribution		l					
MANAGER     EXTRA PACKAGING LLC       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       08/15/2024     Kickapoo Traditional Tribe of Texas     \$25,000.00       Contributor address; City; State; Zip Code     Eagle Pass, TX 78852     Eagle Pass, TX 78852	⊢				Ĺ		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/15/2024       Kickapoo Traditional Tribe of Texas       \$25,000.00         Contributor address; City; State; Zip Code       Eagle Pass, TX 78852			pation / Job title (See Instructions)				
08/15/2024 Kickapoo Traditional Tribe of Texas \$25,000.00 Contributor address; City; State; Zip Code Eagle Pass, TX 78852	╘						
Contributor address; City; State; Zip Code Eagle Pass, TX 78852				)	'		<u>ቀ</u> ጋር <u>ሰባ</u> በበ
Eagle Pass, TX 78852		08/15/2024					\$25,000.00
		I	Contributor address; City; State; Zip Code				
		I					
		I	Eagle Pass, TX 78852				
		Principal occu		Employer (See Instructions)	1 5)		
		·	· · ·		,		
	⊢						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/30	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Morales Jr.,	Heriberto (The Honorable)			00084305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/27/2024	King, Gareth				\$1.00
	1	6 Contributor address; City; State; Zip Code				
		New York, NY 10040				
8			9 Employer (See Instructions)	;)		
	Enviromenta	l Engineer	NYC DEP			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/30/2024	Knight, SH				\$10.00
		Contributor address; City; State; Zip Code				
		Onslaska, TX 77360				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	unemployed	ļ	unemployed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	08/27/2024	Knight, SH				\$5.00
		Contributor address; City; State; Zip Code				
		1				
		Onslaska, TX 77360				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	unemployed	ļ	unemployed			
⊢	Date	Full name of contributor Out-of-state PAC (ID#:	) 1	Γ	Amount of Contribution (\$)	
	08/11/2024	Knight, SH	/		, anoun of 221111111 (	\$10.00
	••••	Contributor address; City; State; Zip Code				<del>.</del>
		Contributor address, City, State, Zip Code				
		Onslaska, TX 77360				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	unemployed		unemployed	,		
╞	Date		l	_	Amount of Contribution (\$)	
	07/19/2024	Full name of contributor out-of-state PAC (ID#:	/			\$2,000.00
	0111312024					Φ2,000.00
		Contributor address; City; State; Zip Code				
		1				
		Eagle Pass, TX 78852				
┝	Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
┡			<u> </u>			

	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 8/15 Rpt: 11/30	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Heriberto (The Honorable)			00084305	- ,
4	Date	5 Full name of contributor Out-of-state PAC (ID#	t:)	7	Amount of Contribution (\$)	
	08/01/2024	Lewis, Paul				\$25.00
		6 Contributor address; City; State; Zip Code		"		
_	Dringinal ago	San Antonio, TX 78240	Contructions	<u> </u>		
8	Principai occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	09/26/2024	Lowenberg Law Firm PLLC				\$5,000.00
		Contributor address; City; State; Zip Code		"		
		Houston, TX 77056	-			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	07/31/2024	Mares, Jason				\$100.00
		Contributor address; City; State; Zip Code				
		Eagle Pass, TX 78852				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	(c)		
	NA		NA	5)		
╞	Date	Full name of contributor Out-of-state PAC (ID#		1	Amount of Contribution (\$)	
	08/29/2024	Marwitz, David	·/		Allount of Contribution (+)	\$300.00
	00/20/202	Contributor address; City; State; Zip Code				<i><b>4000</b>.02</i>
		Marfa, TX 79843				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Τ	Amount of Contribution (\$)	
	07/01/2024	Mata, Ramon				\$100.00
		Contributor address; City; State; Zip Code		"		
	<u> </u>	Eagle Pass, TX 78852				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	NA		NA			

The Instr	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 9/15 Rpt: 12/30
2 FILER NAM	E		<b>3</b> Filer ID (Ethics Commission Filers)
	., Heriberto (The Honorable)		00084305
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/26/2024	4 Merck PAC		\$1,000.00
	6 Contributor address; City; State; Zip Code		1
	Washington, TX 20004		
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)
- ·	,		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/12/2024			\$100.00
	Contributor address; City; State; Zip Code		•
	Eagle Pass, TX 78852	1	
	cupation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/19/2024	· · · · · · · · · · · · · · · · · · ·		\$200.00
	Contributor address; City; State; Zip Code		
	Eagle Pass, TX 78852		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Bookkeepe	9r	Morales Bookkeeping	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
08/31/2024	4 Moreno, VAle		\$50.00
	Contributor address; City; State; Zip Code		1
	Eagle Pass, TX 78852		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Education	• •	EPISD	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/26/2024	4 O Bryan, Berry		\$4,000.00
	Contributor address; City; State; Zip Code		1
	Altha, FL 32421	Ť	
	cupation / Job title (See Instructions)	Employer (See Instructions	5)
self		self	

The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/30	
2 FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
	Heriberto (The Honorable)			3	00084305	
4 Date	5 Full name of contributor out-of-s	-state PAC (ID#:	)	7	Amount of Contribution (\$)	
08/29/2024	Osuna, Carlos				\$250.00	
	6 Contributor address; City; State; Zip Co					
	Eagle Pass, TX 78852					
8 Principal occu Owner	pation / Job title (See Instructions)	)				
Date	Full name of contributor out-of-s	-state PAC (ID#:	)		Amount of Contribution (\$)	
08/13/2024	PHILLIPS 66 PAC				\$1,000.66	
l	Contributor address; City; State; Zip Co					
	Bartlesville, OK 74004					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Date	Full name of contributor out-of-s	-state PAC (ID#:	)		Amount of Contribution (\$)	
07/17/2024	Patterson, Ann				\$75.00	
l	Contributor address; City; State; Zip Co					
Duincipal acou	Austin, TX 78733					
Principal occu architect	ipation / Job title (See Instructions)		Employer (See Instructions)	)		
Date		-state PAC (ID#:	)		Amount of Contribution (\$)	*=00.00
08/19/2024						\$500.00
	Contributor address; City; State; Zip Co	ode				
	Eagle Pass, TX 78852					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Lawyer			Self			
Date	Full name of contributor out-of-s	-state PAC (ID#:	)		Amount of Contribution (\$)	
08/26/2024	Rios, Rosanna					\$50.00
I	Contributor address; City; State; Zip Co	ode				
	Eagle Pass, TX 78852					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Principal			EPISD			
		·				

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 11/15 Rpt: 14/30		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	)
	Heriberto (The Honorable)		00084305	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/29/2024	Robinson, Mary Ann		\$100	).00
	6 Contributor address; City; State; Zip Code			
	Alpine, TX 79830			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
			,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/11/2024	Roiz, Heriberto		\$100	).00
	Contributor address; City; State; Zip Code			
	Eagle Pass, TX 78852			
-	ipation / Job title (See Instructions)	Employer (See Instructions	)	
Teacher		EPISD		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	SAnders, Warren		\$1	L.00
	Contributor address; City; State; Zip Code			
	Moderd TV 001EE			
DringingLoop	Medford, TX 02155	Employer (Cas Instructions		
Music Teach	Ipation / Job title (See Instructions)	Employer (See Instructions Self	)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/26/2024	SPITZBERG, MARIAN		\$50	).00
	Contributor address; City; State; Zip Code			
	TX 75219			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
NA		NA		
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/12/2024	Shea, Brian		\$50	0.00
	Contributor address; City; State; Zip Code			
	Buckeye , AZ 85396			
Principal occu	ipation / Job title (See Instructions)	)		
NA		NA		

	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Sch		
				Sch: 12/15 Rpt		
2	FILER NAME			3 Filer ID (Ethics	s Commissio	on Filers)
Ļ		Heriberto (The Honorable)		00084305	··· · · · · · · · · · · · · · · · · ·	
4	Date 07/11/2024	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contr	ibution (\$)	¢100.00
	07/11/2024	Sifuentes, Luis				\$100.00
		6 Contributor address; City; State; Zip Code				
		1				
		Eagle Pass, TX 78852				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Manager		Camino Real Communit	y Services		
	Date	Full name of contributor out-of-state PAC (ID#:_	:)	Amount of Contr	ibution (\$)	
	07/30/2024	TARO PAC				\$250.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77057				
<u> </u>	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Pilitipai occu			·)		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contr	ribution (\$)	
	07/02/2024		/	Amount of Contr	ιδαιίστι (Ψ)	\$2,500.00
	01102.222	Contributor address; City; State; Zip Code				Ψ_,
		1				
		Austin, TX 78768				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
L						
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contr	ibution (\$)	÷=
	09/05/2024	TREPAC				\$5,000.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78768				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ټ)		
<b>—</b>	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contr	ibution (\$)	
	09/17/2024	Texas Agricultural Aviation Association				\$250.00
		Contributor address; City; State; Zip Code				
		1				
		Eagle Pass, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	i)		
			<u> </u>			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
The instruction outde explains now to complete this form.	Sch: 13/15 Rpt: 16/30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Morales Jr., Heriberto (The Honorable)	00084305
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/17/2024 Texas Agricultural Aviation Association	\$250.00
6 Contributor address; City; State; Zip Code	
Eagle Pass, TX 78701	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/25/2024 Texas Dairymen PAC	\$1,000.00
Contributor address; City; State; Zip Code	
Austin, TX 78711	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/22/2024 Texas Trial Lawyers Association, PAC	\$5,000.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
	1
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/25/2024 Texas Trial Lawyers Association, PAC	\$25,000.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/31/2024 Trevino, Armando	\$100.00
Contributor address; City; State; Zip Code	
Eagle Pass, TX 78852	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Accountant Regal	

	The Instru	ction Guide explains how t	orm.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/30		
2	FILER NAME		3	Filer ID (Ethics Commissio	n Filers)		
-		Heriberto (The Honorable)				00084305	, , , , , , , , , , , , , , , , , , ,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/29/2024	Trevino, Hector					\$500.00
		6 Contributor address; City; Stat	ate; Zip Code		1		
		Eagle Pass, TX 78852					
8	Principal occu Doctor	pation / Job title (See Instructions)	5)				
				Self	T	tt-f Ωt-ibution (Φ)	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀር ባቢ በበ
	09/17/2024	Tully Shahan Attorney at La				\$500.00	
		Contributor address; City; Stat	te; Zip Code.				
		Livelde TV 70022					
	Dringing ogg	Uvalde, TX 78832		Employer (Soo Instruction	<u> </u>		
	Рппсра осси	pation / Job title (See Instructions)		Employer (See Instructions	5)		
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	09/26/2024	Vickers, Bennie		,		Allount of Continention (+)	\$1,500.00
	00/20/202			ł		Ψ1,000.00	
		Beeville, TX 78102					
	Principal occu	I upation / Job title (See Instructions)		Employer (See Instructions	5)		
	self			self			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/19/2024	Villalpando, Erasmo				.,	\$100.00
			ate: Zip Code		ł		
		San Antonio, TX 78249					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Account Spe	cialist		Anthem Healthcare			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/25/2024	Weed, Heather					\$50.00
		Contributor address; City; Stat	ate; Zip Code		1		
		Leander, TX 78641					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	sales			apple			
			1				

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 15/15 Rpt: 18/30		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Morales Jr.,	Heriberto (The Honorable)		00084305		
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/25/2024	Weed, Heather				\$50.00
		6 Contributor address; City; State; Zip Code				
		Leander, TX 78641				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	sales		apple			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/25/2024	Weisman, John	)			\$4,000.00
	05/25/2024	Contributor address; City; State; Zip Code		-		φ4,000.00
		Contributor address, City, State, Zip Code				
		New Baraunfels, TX 78132				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ນ		
	Constriction		Self	,		
				<u>г</u>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#</b> 500.00
	08/28/2024					\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78711				
	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Filicipal occu			>)		
1						
1						
1						
I						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 1/12 Rpt: 19/30	Morales Jr., Heriberto (The Honorable)	00084305							
4	Date 09/24/2024	Payee name 830 Sign Shop								
6	Amount (\$) \$38.00	7 Payee address;       City;       State; Zip Code         00       607 E Rio Grande         Eagle Pass, TX 78852								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Printing Expense       (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/25/2024	Arizpe, Daniel								
	Amount (\$) \$121.00	Payee address; City; State; Zip Code EL PASO, TX								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense NG MANAGER							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/29/2024	BAGSINBULK								
	Amount (\$) \$1,091.16	Payee address; City; State; Zip Code								
		TX								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense KS FOR BACK TO SCHOOL DRIVE							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	· · · · ·		•	3	Filer ID (Ethics Commission Filers)				
	Sch: 2/12 Rpt: 20/30		Morales Jr., Heriberto (The Honorable	00084305							
4	Date		Payee name								
	09/24/2024		CADENA, MOISES	710 01							
6	Amount (\$) \$67.62	ľ	Payee address; City; State; Zip Code								
			EL PASO, TX								
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b) Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,	Check if travel		de of Texas. Complete Schedule T.				
					EL PASO CA		officeholder living expense				
						- 1 N V	A33110				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	l ıght		Office held				
_	Date	<u> </u>									
	09/25/2024		Payee name CAIN, GRACIE								
				o: Zip Co	do						
	Amount (\$) \$112.00		Payee address; City; Stat	e; Zip Co	Jue						
	ψ112.00										
			EL PASO, TX								
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	chedule)		n, TX,	de of Texas. Complete Schedule T. . officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight		Office held				
	Date		Payee name								
	09/10/2024		CANDLES FOR LIFE								
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode						
	\$150.00										
			Eagle Pass, TX 78852								
	PURPOSE OF		Category (See Categories listed at the top of this set	chedule)	(b) Description						
	EXPENDITURE		Gift/Awards/Memorials Expense				de of Texas. Complete Schedule T. officeholder living expense				
							R CANDLES FOR LIFE EVENT				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ıght		Office held				

		EXPENDITURE C	ATEGORIES FO	OR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nittee Legal Services The Instruction Guide	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		ovbrane	0011.p.010 1	<b>3</b> Filer ID (Ethics Commission Filers)					
1	Sch: 3/12 Rpt: 21/30	Morales Jr., Heriberto (The Ho	norable)		00084305					
4	Date	Payee name			•					
	07/19/2024	CANVA								
6	Amount (\$) \$200.00	Payee address; City;	State; Zip (	Code						
8	PURPOSE	Category (See Categories listed at the to	p of this schedule)	(b) Description						
	OF       Fees       Check if travel outside of Texas. Complete Schedule T.         EXPENDITURE       Check if Austin, TX, officeholder living expense         FEE TO USE PLATFORM									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office so	ought	Office held					
	Date	Payee name								
	09/04/2024	Constant Contact								
	Amount (\$)	Payee address; City;	State; Zip C	Code						
	\$98.08	.601 Trapelo Rd Valtham, TX 02451								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the to	p of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense /ICE FEE					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office so	ought	Office held					
	Date	Payee name								
	08/05/2024	Constant Contact								
	Amount (\$) \$91.67	Payee address; City; .601 Trapelo Rd	State; Zip C	Code						
		Valtham, TX 02451		-1						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the to Fees	p of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense /ER FEE					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office so	ought	Office held					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2		-		-	2	Filer ID	(Ethics Commission Filers)		
1		I		(			l 3				
	Sch: 4/12 Rpt: 22/30		viorales Jr., Heribe	rto (The Honorable)	)			00084305			
4	Date	5 F	Payee name								
	09/24/2024	1	El Paso mail and p	rint service							
6	Amount (\$)	7	Payee address; City; State; Zip Code								
-	\$336.38		1144 Vista de oro Ste A								
	ψ000.00	· ·									
			El Paso, TX 79935								
8	PURPOSE	(a) (	Category (See Categor	es listed at the top of this sch	edule)	(b) Description					
	OF		-ees		,	Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	n, TX	, officeholder living	expense		
						SHIPPING E	XP	ENSE			
9	Complete ONLY if direct	C	andidate/Officeholde	name C	Office sout	ht		Office he	eld		
	expenditure to benefit C/OI	н									
⊨	_										
	Date	I	Payee name								
	09/11/2024		El Paso mail and p	rint service							
	Amount (\$)		Payee address; 0	City; State;	; Zip Co	le					
	\$5,028.00		1144 Vista de oro S	Ste A							
		Ι.									
			El Paso, TX 79935								
	PURPOSE	(a) (	Category (See Categor	es listed at the top of this sch	edule)	<b>(b)</b> Description					
	OF EXPENDITURE		Printing Expense					ide of Texas. Com			
								, officeholder living	expense		
						PUSHCARD	5				
	Complete ONLY if direct		andidate/Officeholde	r name C	Office sou	ht		Office he	eld		
	expenditure to benefit C/OI	н									
	Date		Payee name								
	09/16/2024	I	Espinoza, Sandy								
L					7:- 0						
	Amount (\$)	'	Payee address;	City; State;	; Zip Co	ie					
	\$150.00										
		-	ГХ								
-	PURPOSE	(a) (		es listed at the top of this sch		(b) Description					
	OF		Salaries/Wages/Co		edule)		outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE	`	Salaries/Wayes/CC	intract Labor				, officeholder living			
						CANVASSIN					
-	Complete ONLY if direct		andidate/Officeholde	name C	Office sou	ht		Office he	ald		
	expenditure to benefit C/Oł					in t		Onice he	5iu		

			E	XPENDITURE	E CATEGOF	RIES FOR	вох	( 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/A ittee Lega	Expense /Beverage Expense wards/Memorials E Services	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	head/R ense pense ages/C	Reimbursement Rental Expense ontract Labor		Solicitation/Func Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment strict	& Related Expense
Ļ				Instruction Gui	de explains i	how to com	npiere	e this form.	_		(=-1-1	
1	Total pages Schedule F1: Sch: 5/12 Rpt: 23/30		ILER NAME Iorales Jr., He	riberto (The I	Honorable)	)				Filer ID 00084305	(Ethics	Commission Filers)
4	Date	5 Pa	ayee name									
	09/24/2024	F	FISH, DYLAN									
6	Amount (\$) \$143.00		ayee address; L PASO, TX	City;	State;	; Zip Coo	le					
	DUDDOSE						(h) p					
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Salaries/Wages/Contract Labor       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       CANVASSING						edule T.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeho	lder name	C	Office soug	jht			Office he	eld	
	Date	Pa	ayee name									
	09/11/2024	F F	LORES, ALEJ	ANDRO								
	Amount (\$) \$900.00	Pi	ayee address;	City;	State;	; Zip Coo	le					
		E	AGLE PASS,	TX 78852								
	PURPOSE OF EXPENDITURE		ategory <sub>(See Ca</sub> vent Expense	egories listed at the	e top of this sche	edule)			, тх, і <b>А І</b>		expense	RS FILM IN
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeho	lder name	C	Office soug	jht			Office he	eld	
	Date	P	ayee name									
	09/17/2024	G	ARZA , JESU	S								
	Amount (\$) \$75.00	Pi	ayee address;	City;	State;	; Zip Coo	le					
		E	AGLE PASS,	TX 78852								
	PURPOSE OF EXPENDITURE		ategory <sub>(See Ca</sub> alaries/Wages			edule)	E		, TX,	de of Texas. Com officeholder livinç		edule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeho	lder name	C	Office soug	jht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 6/12 Rpt: 24/30		Morales Jr., Heriberto (The Honorable)	00084305							
4	Date 09/09/2024		Payee name Goodman Campaign								
6	Amount (\$)		Payee address; City; State; Zip Code								
U	\$1,500.00 TX										
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description						
OF       EXPENDITURE         Solicitation/Fundraising Expense         Image: Control of the solution of the soluti						, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ght		Office held				
	Date		Payee name								
	09/09/2024		Goodman Campaign								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$1,404.00		ТХ								
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sched Solicitation/Fundraising Expense	dule)		in, TX	ide of Texas. Complete Schedule T. , officeholder living expense NDRAISER				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ght		Office held				
	Date		Payee name								
	07/23/2024		Goodman Campaign								
-	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$1,500.60			·							
			ТХ								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Solicitation/Fundraising Expense	dule)		in, TX	ide of Texas. Complete Schedule T. , officeholder living expense NDRAISER				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 7/12 Rpt: 25/30	Morales Jr., Heriberto (The Honorable) 00084305						
4	Date 09/19/2024	5 Payee name Google						
6	Amount (\$) \$2.12	<ul> <li>Payee address; City; State; Zip Code</li> <li>1600 Amphitheatre Parkway</li> <li>Mountain View , CA 94043</li> </ul>						
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense DATA STORAGE FEE							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/19/2024	Google						
	Amount (\$) \$2.12	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense AGE FEE					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	09/23/2024	JULIE ANN PARTY MIX						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code						
		Eagle Pass, TX 78852						
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense IO SHOW ADS					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	<b>3</b> Filer ID (Ethics Commission Filers)							
_	Sch: 8/12 Rpt: 26/30	Morales Jr., Heriberto (The Honorable)	00084305						
4	Date 09/17/2024	5 Payee name Jimenez, CRISTINA							
6	Amount (\$) \$110.00	7 Payee address; City; State; Zip Code							
	\$110.00	0 Del Rio, TX 78840							
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DEL RIO CANVASSING								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/24/2024	MARQUEZ, JOSELYN							
	Amount (\$) \$27.30	Payee address; City; State; Zip Code							
		EL PASO, TX							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/17/2024	Martinez, ANA CAMILA							
	Amount (\$) \$75.00	Payee address; City; State; Zip Code							
	DEL RIO, TX 78852								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	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 The Instruction Guide explains f	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:			•		3	Filer ID (Et	hics Commission Filers)			
-	Sch: 9/12 Rpt: 27/30	-	Morales Jr., Heriberto (The Honorable)	······································							
4	Date	5	Payee name								
	09/13/2024		McCord, Cayden								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$500.00		2301 S Mopac #833								
			Austin , TX 78746								
8	PURPOSE	(a)			(h) D	escription					
ľ	OF	(a)	Category (See Categories listed at the top of this sche Consulting Expense	edule)			outsio	de of Texas. Complete	Schedule T.		
	EXPENDITURE		Consulting Expense			1		officeholder living expe			
					C	AMPAIGN V	٧O	RK			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	)ffice sou	ght			Office held			
	Date		Payee name								
	07/29/2024		Moreno, Sonia								
-	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$1,000.00		293 Westlakes	2.0 00	40						
	φ1,000.00										
			Eagle Pass, TX 78852								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) De	escription					
	EXPENDITURE		Loan Repayment/Reimbursement			1		de of Texas. Complete			
						1		officeholder living expe			
REIMBURSEMENT TO SCHOOL SUPPLIES PURCHASED							JE SOFFEIES				
_	Complete ONLY if direct		Candidate/Officeholder name O	)ffice sou	ht			Office held			
	expenditure to benefit C/OI			nice sou	JII			Office field			
_	Data	-									
	Date		Payee name								
	09/22/2024		PEREZ, JOSE LUIZ								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$1,000.00										
	Eagle Pass, TX 78852										
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	<b>(b)</b> De	escription					
	OF Salaries/Wages/Contract Labor										
	EXPENDITORE	Check if Austin, TX, officeholder living expense									
		PUTTING UP CAMPAIGN SIGNS									
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	ght			Office held			
	expenditure to benefit C/OI										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:								
	Sch: 10/12 Rpt: 28/30	Morales Jr., Heriberto (The Honorable)	00084305						
4	Date 09/03/2024	Payee name PEREZ, JOSE LUIZ							
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code							
		Eagle Pass, TX 78852							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense IS in West Texas						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/04/2024	Presidio Democrats							
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code							
		PRESIDIO, TX							
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. IX, officeholder living expense OR THE COUNTY DEM PARTY						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/17/2024	Rodriguez, JACOBO							
	Amount (\$) \$75.00	Payee address; City; State; Zip Code							
		DEL RIO, TX							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor					Solicitation/Funda Transportation Ed Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	ovbranie	00		2	Filer ID	(Ethics Commis	coion Eilers)		
1	Sch: 11/12 Rpt: 29/30		Jr., Heriberto (The Ho	00084305						
4	Date	5 Payee na	ime							
	09/09/2024	Switchb	Switchboard							
6	Amount (\$) \$1,404.00	7 Payee at TX	Idress; City;	State; Zip	Code					
8	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	OF Solicitation/Eundraising Expense Check if travel outside of Texas. Complete Schedule T.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/Officeholder name	Office s	ought			Office he	ld	
	Date	Payee na	ıme							
09/16/2024 The News Gram, LLC										
	Amount (\$)	Payee ad	Idress; City;	State; Zip	Code					
	\$2,000.00		el Rio Blvd ass, TX 78852							
	PURPOSE OF EXPENDITURE		(See Categories listed at the to ing Expense	p of this schedule)	(b)		, TX,	le of Texas. Comp officeholder living NDS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		/Officeholder name	Office s	ought			Office he	ld	
	Date	Payee na	ıme					-		
	08/05/2024	The Nev	vs Gram, LLC							
	Amount (\$) \$250.00	Payee ac 2431 De	ldress; City; el Rio Blvd	State; Zip	Code					
		Eagle P	ass, TX 78852							
	PURPOSE OF EXPENDITURE		(See Categories listed at the to ing Expense	p of this schedule)	(b)			le of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		/Officeholder name	Office s	ought			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense			nt/Reimbursement d/Rental Expense e se //Contract Labor		Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	2 FILER NAM	2 FILER NAME 3						(Ethics Commission Filers)		
	Sch: 12/12 Rpt: 30/30	Morales J	Morales Jr., Heriberto (The Honorable) 00084305								
4	Date	5 Payee nam									
	09/17/2024	ZALDAYA	ZALDAYA, LOYDA								
6	Amount (\$) \$40.00	7 Payee add		State; Zi	ip Code						
8	PURPOSE OF EXPENDITURE	OF Salaries/Wages/Contract Labor									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Offic	e sought			Office he	eld		
	Date	Payee nam	e								
	08/09/2024	amazon									
	Amount (\$) \$1,675.25	Payee addi 410 Terry Seattle, W	Ave N, Seattle 9810	State; Zi 09, WA	ip Code						
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee			Check if travel Check if Austin PURCHASE	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense SED TEACHERS SUPPLIES FOR OUR THE LIST" INITIATIVE					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Offic	e sought			Office he	eld		