

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085592	2 Total pages filed: 42	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Nora Stephanie	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/18/2024
	NICKNAME	LAST Morales	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1919 Shadow Bend Dr. Houston, TX 77043		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Leif	MI MI	
	NICKNAME	LAST Hatlen	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13527 N Tracewood Bend Houston, TX 77077			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	(281) 493-3107
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 09/26/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 138	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Morales, Nora Stephanie (Ms.) **14** Filer ID (Ethics Commission Filers)
00085592

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,934.14
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	5,964.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,361.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,100.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Nora Stephanie Morales

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Morales, Nora Stephanie (Ms.)		19 Filer ID 00085592	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	6,325.33
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,608.81
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	5,964.14
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/23 Rpt: 4/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Ken <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77043	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) K Arnold Consulting Inc
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axelrod, Steven <hr/> Contributor address; City; State; Zip Code South Pasadena, CA 91030	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayson, Brian <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ayson Law PLLC
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbier, Rebecca <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Aecom
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckett, Laurel <hr/> Contributor address; City; State; Zip Code Davis, CA 95618	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UC Davis

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/23 Rpt: 5/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertan, Michael <hr/> 6 Contributor address; City; State; Zip Code Grass Lake, MI 49240	7 Amount of Contribution (\$) \$2.09
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77094	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Software consultant		Employer (See Instructions) Improving
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Linda <hr/> Contributor address; City; State; Zip Code Woodbine, MD 21797	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Books		Employer (See Instructions) CPB
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/23 Rpt: 6/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodsky, Nina <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Bookkeeper		9 Employer (See Instructions) Self
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodsky, Nina <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Self
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodsky, Nina <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Self
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Donna <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/23 Rpt: 7/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Chemical Engineer		9 Employer (See Instructions) Makel Engineering Inc.
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering Inc.
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Champion, Leah <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Process		Employer (See Instructions) Progressive
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Tennis Professional		Employer (See Instructions) SCHP Training

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colina, Hazel	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code Buda, TX 78610		
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) UT Austin
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collmer, Deborah	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Salt Lake City, UT 84105		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy Fair Area Democratic Club	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Bill	Amount of Contribution (\$) \$4.17
Contributor address; City; State; Zip Code Griffin, GA 30224		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) University System of Georgia
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Martha	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77080		
Principal occupation / Job title (See Instructions) Managment		Employer (See Instructions) HPPS, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/23 Rpt: 9/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diehl, D L Chris <hr/> 6 Contributor address; City; State; Zip Code Mercer Island, WA 98040	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Group Health Permanente
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diehl, D L Chris <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Group Health Permanente
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Sandra <hr/> Contributor address; City; State; Zip Code F, WA 98331	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Shannon <hr/> Contributor address; City; State; Zip Code Washington, DC 20012	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Federal Government
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ely, Steve <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/23 Rpt: 10/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 78745	7 Amount of Contribution (\$) \$4.17
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code Houston, TX 78745	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code Houston, TX 78745	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fordyce, Melissa <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Randy <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$4.16
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/23 Rpt: 11/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Michelle <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77041	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) CPS		9 Employer (See Instructions) Michelle A Friedman, CPA, PLLC
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gartner, Daniel <hr/> Contributor address; City; State; Zip Code Oro Valley, AZ 85755	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georges, Chris <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Coach		Employer (See Instructions) Self
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glober, Russell <hr/> Contributor address; City; State; Zip Code Sherman Oaks, CA 91403	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grasso, Elyse <hr/> Contributor address; City; State; Zip Code Boulder, CO 80303	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/23 Rpt: 12/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haden, Lorri <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$4.17
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) none
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendryx, Caroline <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) St. John's School
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinton, Lena <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) ILG
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irot, Scott <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Zen Insurance Services, LLC
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janson, David <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Shell

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/23 Rpt: 13/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Benjamin	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code Austin, TX 78705		
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) Austin Community College
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Melissa	Amount of Contribution (\$) \$20.83
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keysor, Georgia	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Bill	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Bill	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/23 Rpt: 14/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchen, Sara	7 Amount of Contribution (\$) \$4.17
6 Contributor address; City; State; Zip Code Austin, TX 78756		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) TSBVI
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korth- Juricek, Ashley	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78752		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) AKJ Investments
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kugle, Cherry	Amount of Contribution (\$) \$4.17
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laine, Marsha	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Online Sales		Employer (See Instructions) Self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laine, Marsha	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Online Sales		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/23 Rpt: 15/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langford, Nancy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeClercq, Terri <hr/> Contributor address; City; State; Zip Code Austin, TX 88751	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidigh, Christopher <hr/> Contributor address; City; State; Zip Code Providence, RI 02906	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lelekis, Angelo <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) GIS Analyst		Employer (See Instructions) Amentum
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/23 Rpt: 16/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77449	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/23 Rpt: 17/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limerick, Casey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Greenhouse Specialist		9 Employer (See Instructions) UT
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lokensgard, Mark <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) St. Mary's University
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacNaughton, Beverly <hr/> Contributor address; City; State; Zip Code austin, TX 78750	Amount of Contribution (\$) \$4.16
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacNaughton, Beverly <hr/> Contributor address; City; State; Zip Code austin, TX 78750	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangini, Lauren <hr/> Contributor address; City; State; Zip Code Boston, MA 02125	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Research Manager		Employer (See Instructions) Gerson Lehrman Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marconi, John <hr/> 6 Contributor address; City; State; Zip Code Rio Vista, TX 76093	7 Amount of Contribution (\$) \$2.08
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Self
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matlock, Trevin <hr/> Contributor address; City; State; Zip Code Wrightwood, CA 92397	Amount of Contribution (\$) \$4.16
Principal occupation / Job title (See Instructions) Sales Rep		Employer (See Instructions) Faherty & Assoc
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mccutchen, Mila <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$4.16
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Daman Consulting, Inc
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogden, Jane <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Sylvia <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/23 Rpt: 19/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Portney, Scott <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raffaelli, Paulo <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94112	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cisco Meraki
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randal, Brook <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$20.83
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redifer, Betty <hr/> Contributor address; City; State; Zip Code Rochester, NY 14617	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/23 Rpt: 20/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Helen <hr/> 6 Contributor address; City; State; Zip Code Vista, CA 92084	7 Amount of Contribution (\$) \$4.17
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Dianna <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Data Manager/analyst		Employer (See Instructions) UT MD Anderson Cancer Center
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robillard, Melinda <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) UT Austin
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathryn <hr/> Contributor address; City; State; Zip Code austin, TX 78757	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathryn <hr/> Contributor address; City; State; Zip Code austin, TX 78757	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/23 Rpt: 21/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathryn <hr/> 6 Contributor address; City; State; Zip Code austin, TX 78757	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Self
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S Kivikko, Jill <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Lisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Musician/ Teacher		Employer (See Instructions) Self
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Lisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$23.08
Principal occupation / Job title (See Instructions) Musician/ Teacher		Employer (See Instructions) Self
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Lisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician/ Teacher		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/23 Rpt: 22/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Edward	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code austin, TX 78757		
8 Principal occupation / Job title (See Instructions) Database Developer		9 Employer (See Instructions) Scott Resources
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Donald	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Longmont, CO 80501		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snow, Mollie	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code Austin, TX 78750		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snow, Mollie	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code Austin, TX 78750		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solt, Jamie	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Villa Park, IL 60181		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/23 Rpt: 23/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$2.09
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Nancy <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/23 Rpt: 24/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szucs, Sylvia <hr/> 6 Contributor address; City; State; Zip Code Housotn, TX 77095	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelbaum, Martha <hr/> Contributor address; City; State; Zip Code Kensington, MD 20895	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Researcher		Employer (See Instructions) Self
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomason, Heidi <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trumble, Duane <hr/> Contributor address; City; State; Zip Code Champaign, IL 61822	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/23 Rpt: 25/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, Sarah	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77079	
8 Principal occupation / Job title (See Instructions) Reading Interventionist		9 Employer (See Instructions) Literacy Now
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vormelker, Eric	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78752	
Principal occupation / Job title (See Instructions) Tech Coordinator		Employer (See Instructions) Texas Health and Human Services Commission
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, M	Amount of Contribution (\$) \$4.17
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, M	Amount of Contribution (\$) \$4.17
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, M	Amount of Contribution (\$) \$4.17
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/23 Rpt: 26/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Joseph <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77041	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stevan <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76903	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Tyler <hr/> Contributor address; City; State; Zip Code Forest Park, IL 60130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Tim <hr/> Contributor address; City; State; Zip Code Round Mountain, TX 78663	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 27/42	
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nora	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Supplies and food for Back to School Event
	7 Contributor address; City; State; Zip Code Houston, TX 77043		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Teacher		11 Employer (FOR NON-JUDICIAL) (See instructions) School district	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/31/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00853010</u>) The First Ask	Amount of contribution (\$) \$1,240.48	In-kind contribution description Staff Time
	Contributor address; City; State; Zip Code Washington, DC 20003		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/31/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00853010</u>) The First Ask	Amount of contribution (\$) \$868.33	In-kind contribution description Staff time
	Contributor address; City; State; Zip Code Washington, DC 20003		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 28/42
2 FILER NAME Morales, Nora Stephanie (Ms.)		3 Filer ID (Ethics Commission Filers) 00085592
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/01/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Stephanie	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Houston, TX 77043	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Lawyer		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/14 Rpt: 29/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/07/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$3.04	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/14/2024	Payee name ActBlue Texas	
Amount (\$) \$3.29	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2024	Payee name ActBlue Texas	
Amount (\$) \$39.70	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/14 Rpt: 30/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/28/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$18.12	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2024	Payee name ActBlue Texas	
Amount (\$) \$1.45	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2024	Payee name ActBlue Texas	
Amount (\$) \$2.15	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/14 Rpt: 31/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/18/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2024	Payee name ActBlue Texas	
Amount (\$) \$1.61	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2024	Payee name ActBlue Texas	
Amount (\$) \$30.66	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/14 Rpt: 32/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 09/08/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.88	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2024	Payee name ActBlue Texas	
Amount (\$) \$2.80	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2024	Payee name ActBlue Texas	
Amount (\$) \$18.05	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/14 Rpt: 33/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/07/2024	5 Payee name Amazon	
6 Amount (\$) \$173.19	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2024	Payee name Amazon	
Amount (\$) \$44.92	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2024	Payee name Amazon	
Amount (\$) \$290.92	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/14 Rpt: 34/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/27/2024	5 Payee name Amazon	
6 Amount (\$) \$301.93	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2024	Payee name Amazon	
Amount (\$) \$230.67	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2024	Payee name Amazon	
Amount (\$) \$73.10	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 7/14 Rpt: 35/42	2	FILER NAME Morales, Nora Stephanie (Ms.)	3	Filer ID (Ethics Commission Filers) 00085592
4	Date 08/02/2024	5	Payee name Amazon		
6	Amount (\$) \$129.74	7	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 08/03/2024		Payee name Amazon		
	Amount (\$) \$129.33		Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 08/05/2024		Payee name Amazon		
	Amount (\$) \$351.68		Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 8/14 Rpt: 36/42	2	FILER NAME Morales, Nora Stephanie (Ms.)	3	Filer ID (Ethics Commission Filers) 00085592
4	Date 08/06/2024	5	Payee name Amazon		
6	Amount (\$) \$216.84	7	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event		
9		Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 08/07/2024		Payee name Amazon		
	Amount (\$) \$128.40		Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event		
		Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 07/26/2024		Payee name Clubs in Action PAC		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 11910 Carillon Forest Dr Atascosita, TX 77346		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Support for Karaoke fundraiser		
		Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/14 Rpt: 37/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/01/2024	5 Payee name Design.com	
6 Amount (\$) \$205.00	7 Payee address; City; State; Zip Code Level 4, 2 Hill Street Surry Hills 2010 Australia	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense design services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Dollar Tree	
Amount (\$) \$58.18	Payee address; City; State; Zip Code 10138 Hammerly Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Materials for Back to School Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name GoDaddy	
Amount (\$) \$35.04	Payee address; City; State; Zip Code 2150 E Warner Rd Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email set up
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/14 Rpt: 38/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 09/03/2024	5 Payee name GoDaddy	
6 Amount (\$) \$166.17	7 Payee address; City; State; Zip Code 2150 E Warner Rd Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name Houston LGBTQ+ Political Caucus	
Amount (\$) \$40.00	Payee address; City; State; Zip Code PO Box 66664 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yearly membership contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Jotform	
Amount (\$) \$42.12	Payee address; City; State; Zip Code 4 Embarcadero Center, Suite 780 San Francisco , CA 94111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website for Back to School event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/14 Rpt: 39/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 09/20/2024	5 Payee name NGP VAN, INC	
6 Amount (\$) \$293.15	7 Payee address; City; State; Zip Code 655 15th St NW, Suite 650 Washington, DC 02005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email set up
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Texas Campaigns	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 9600 Glenfield Ct Ste 148 Houston, TX 77096	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field consultants
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name Texas Gulf Coast Labor Federation, AFL-CIO	
Amount (\$) \$65.00	Payee address; City; State; Zip Code 2506 Sutherland St Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day Celebration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/14 Rpt: 40/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 08/05/2024	5 Payee name Walmart	
6 Amount (\$) \$454.84	7 Payee address; City; State; Zip Code 702 SW 8th St Bentonville, AR 72716	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name Walmart	
Amount (\$) \$314.79	Payee address; City; State; Zip Code 702 SW 8th St Bentonville, AR 72716	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2024	Payee name Walmart	
Amount (\$) \$82.61	Payee address; City; State; Zip Code 702 SW 8th St Bentonville, AR 72716	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/14 Rpt: 41/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
4 Date 07/29/2024	5 Payee name Walmart	
6 Amount (\$) \$507.65	7 Payee address; City; State; Zip Code 702 SW 8th St Bentonville, AR 72716	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name Walmart	
Amount (\$) \$275.56	Payee address; City; State; Zip Code 702 SW 8th St Bentonville, AR 72716	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Back to School event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Wix	
Amount (\$) \$41.13	Payee address; City; State; Zip Code 500 Terry A. Francois Boulevard San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/14 Rpt: 42/42	2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592
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4 Date 07/31/2024	5 Payee name Wix
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6 Amount (\$) \$41.13	7 Payee address; City; State; Zip Code 500 Terry A. Francois Boulevard San Francisco, CA 94158
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/05/2024	Payee name Zoom Video Communications
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Amount (\$) \$198.31	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense account to hold meetings
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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