CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filor ID (Eth	ics Commission Filers)	2 Total pages file	d.					
1	Filer ID (Eth 00085592		2 Total pages file 29					OFFICE US	SE ONLY
_				,				Date Received	
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Nora Stephar	nie			МІ	ELECTRONICAL 10/18/2024	LY FILED
		NICKNAME	LAST				SUFFIX		
			Morales						
4		January 15	Runoff		[Other (sp	pecify)	Date Hand-delivered or D	ate Postmarked
	REPORT TYPE	X July 15	Exceeded modi	ified r	eporting limi	it		Receipt #	Amount
		30th day before election	15th day after c			er			
		8th day before election	appointment (of					Date Processed	
-					`	Davi	Veer		
5	ORIGINAL PERIOD	Month Day Yea 01/01/2024	ar THROUG	SН	Month 06/3	Day 30/2024	Year	Date Imaged	
6	EXPLANATION OF C								
	Total amount of contr with no ability to find	ibutions held was incorrect the addresses.	due to an accounti	ng e	rror. A goo	d faith effo	rt to find addres	ses for vendors used	d was also made
	The report was filed a	and corrected late, due to C	andidata baing in th	ho h	ocnital bay	ing curgon			
	The report was nieu a	and corrected fate, due to C	anuluale being in tr	ne no	uspital nav	ing surgery			
7	AFFIDAVIT								
1					ar, or affirr correct.	n, under pe	enalty of perjury	r, that this corrected r	report is true
			C	Chec	k the box r	next to any	and all applical	ole statements:	
					was made	in good fa	ith and without	affirm that the origina an intent to mislead ned in the report.	
			Ε		report not	later than t	he 14th busine	that I am filing this c ss day after the date accurate or incomple	I learned
					swear, or		any error or on	hission in the report a	
						Ms.	Nora Stephar	nie Morales	
			-			Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE							
	Sworn to and subsc	ribed before me, by the sai	d				, this th	ne	day
		, 20, to cert							
				-					
							L –		
	Signature of offic	er administering oath	Printed name o	ot off	icer admini	stering oat	n 7	Title of officer adminis	stering oath
		Remember To Att						ort Form	
		Nee	ded To Report	ι Af	iu Expla	III Corre	CUONS		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00085592		2 Total pages f	iled: 29
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER	Ms.	Nora Stephan	ie			
NAME		•			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/18/2024	
		Morales				
4 CANDIDATE /	ADDRESS / PO BOX; AP	F / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	1919 Shadow Bend Dr.					
ADDRESS					Receipt #	Amount
Change of Address	Houston TX 77042					
	Houston, TX 77043				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER				IVII		
NAME		Leif				
	NICKNAME	LAST		SUFFIX		
		Hatlen				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE):	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER	13527 N Tracewood Ben					
ADDRESS						
(Residence or Business)						
	Houston, TX 77077					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(281) 493-3107					
PHONE	(201) 493-3107					
8 REPORT						
TYPE	January 15	30th day before		Runoff	15th day after ca	ampaign treasurer
					appointment (off	
	X July 15	8th day before	election	Exceeded modified	Final Report (Att	tach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TF	IROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024		· · · · · · · · · · · · · · · · · · ·			
		XG	Seneral	Special		
				-i		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
				State Representa	ative District 138	3
		GO 1	O PAGE 2			
				-		
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Vers	sion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 3 of 29

13 C / OH NAME	14 Filer ID (00085592	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made w d officeholders are required to report this info	vithout the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	AME	
		COMMITTEE CAMPAIGN TREASURER AI	DDRESS	
16 CONTRIBUTION TOTALS	\$ 0.00			
	\$ 3,935.30			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,483.45
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF	THE LAST DAY OF THE	\$ 48.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	NS AS OF THE LAST DAY	\$ 4,100.00
17 AFFIDAVIT			penalty of perjury, that the acc udes all information required to Code.	
		M	s. Nora Stephanie Morales	
		Signa	ature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me. bv the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of offi	ce.	
Signature of offi	cer administering	Printed name of officer administering	Title of officer	r administering oath
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

S	UBT	OTALS - C/OH		DRM C/OH HEET PG 3 4 of 29	
	ER NAM prales, I	ME Nora Stephanie (Ms.)	19 Filer ID 00085592	(Ethics Con	nmission Filers)
	HEDUL ME OF	SUBT	OTAL AMOUNT		
1.	Х	\$	1,425.41		
2.	Х	\$	2,509.89		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	4,100.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	5,483.45
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
8.		\$			
9.		\$			
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/11 Rpt: 5/29
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ra Stephanie (Ms.)		00085592
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/26/2024	Agnew, Virginia		\$20.84
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78703		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Attorney		Herring & Irwin, LLP	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2024	06/30/2024 Allison, Shelley		\$8.33
	Contributor address; City; State; Zip Code		
	Carrollton, TX 75006		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;) ;)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/24/2024	Arnold, Sam		\$4.16
	Contributor address; City; State; Zip Code		
	Austin, TX 78753		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Recruiter		Liaison Resources	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/25/2024	Bartsch, Carol		\$8.33
	Contributor address; City; State; Zip Code		
- · · ·	League City, TX 77578		
	upation / Job title (See Instructions)	Employer (See Instructions	i)
Associate Pr		UTMB	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/13/2024	Blust, Christina		\$7.14
	Contributor address; City; State; Zip Code		
	Washington, DC 20016		
-	upation / Job title (See Instructions)	Employer (See Instructions	;)
Admin		Cypress	

_							
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 6/29	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		ra Stephanie (Ms.)				00085592	
4	Date	5 Full name of contributor out-of-state PAC (ID:)#:)	7	Amount of Contribution (\$)	
	06/26/2024					\$10.00	
	I	6 Contributor address; City; State; Zip Code					
		Austin, TX 78731					
8		upation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Bookkeeper			Self			
	Date	Full name of contributor out-of-state PAC (ID:)#:)		Amount of Contribution (\$)	
	03/19/2024	Brooks, Catherine					\$50.00
	1	Contributor address; City; State; Zip Code					
		Houston, TX 77043					
	Principal occupation / Job title (See Instructions) Employer (See Instruction				5)		
	None			None			
F	Date	Full name of contributor out-of-state PAC (ID:)#:)		Amount of Contribution (\$)	
	06/28/2024	Brosnihan, Kerry					\$2.08
	I	Contributor address; City; State; Zip Code					
		Austin, TX 78738					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	None			None			
	Date	Full name of contributor out-of-state PAC (ID:)#:)		Amount of Contribution (\$)	
	06/27/2024	Collins, Elton					\$8.33
	1	Contributor address; City; State; Zip Code			1		
		Austin, TX 78746					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
	None			None			
	Date	Full name of contributor out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	05/10/2024	Collins, Karen					\$500.00
	I	Contributor address; City; State; Zip Code			1		
		Austin, TX 78756					
	Principal occu	ipation / Job title (See Instructions)	Τ	Employer (See Instructions	5)		
	None			None			
			<u> </u>				

	The Instru	ction Guide explains how	<i>i</i> to complete this f	iorm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 7/29	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Morales, No	ra Stephanie (Ms.)				00085592	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/24/2024						\$16.67
		6 Contributor address; City; State; Zip Code			1		
L		Austin, TX 78757		1			
8				9 Employer (See Instructions	5)		
	None			None			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/25/2024	Fehr, Stefan					\$2.08
		Contributor address; City; St					
		Austin TV 70704					
\vdash	Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instruction)				<u> </u>		
	Social Worke		')	Employer (See Instructions Austin Public Health	5)		
╞		-			1		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#20.00
	06/26/2024		tata: Zin Cada				\$20.00
		Contributor address; City; St	.ate; Zip Code				
		Austin, TX 78757					
⊢	Principal occu	I Ipation / Job title (See Instructions	\$)	Employer (See Instructions	5)		
	None			None			
╞	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/24/2024	Fomel, Segery	—				\$3.57
		Contributor address; City; St	tate; Zip Code				
		Austin, TX 78759					
		pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
	Professor			UT			
Γ	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/26/2024	Gober, Kenneth					\$8.84
		Contributor address; City; St	ate; Zip Code]		
	Drive in all a ser	Austin, TX 78759			Ĺ		
		pation / Job title (See Instructions	<i>i</i>)	Employer (See Instructions	5)		
	Lawyer			Lee, Gober & Reyna			

	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 8/29	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ra Stephanie (Ms.)			00085592	
4	Date	5 Full name of contributor Out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	06/26/2024	Hiller, Jay				\$10.00
		6 Contributor address; City; State; Zip Code				
Ļ	- · · ·	Austin, TX 78726		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instruction:	s)		
	Yoga Instuct		LASR	_		
	Date	Full name of contributor 🛛 out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	04/09/2024	Hilton Pace, Shelley				\$25.00
		Contributor address; City; State; Zip Code]		
	D i vizel essu	Weatherford, TX 76085		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instruction	S)		
	Writer		Self	_		
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	06/26/2024	Hull, Megan				\$250.00
		Contributor address; City; State; Zip Code				
		Mashington DC 20000				
\vdash	Drive sized oppu	Washington, DC 20009		<u> </u>		
	Principal occu Activist	pation / Job title (See Instructions)	Employer (See Instruction: Self	S)		
	ACTIVIST		361	_		
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	±00.04
	06/27/2024	Hunker, J Emil				\$20.84
		Contributor address; City; State; Zip Code				
		Austin TV 707E1				
\vdash	Dringingl occu	Austin, TX 78751 pation / Job title (See Instructions)	Employer (See Instruction			
	Principal occu None	pation / Job lille (See Instructions)	Employer (See Instruction: None	S)		
				_		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	±15.00
	06/24/2024	Inman, Jeremy				\$15.00
		Contributor address; City; State; Zip Code				
		Louiston TV 770EE				
\vdash	Drinsipal acou	Houston, TX 77055	Eventer (Cool potruction	<u> </u>		
	Internal Audi	pation / Job title (See Instructions)	Employer (See Instruction David Weekley Homes	S)		
	Internal Auu					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/11 Rpt: 9/29
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Morales, No	ra Stephanie (Ms.)		00085592
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/02/2024	Keiser, Joan		\$12.50
	6 Contributor address; City; State; Zip Code		1
	Arlington, VA 22201		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	6)
Analyst		Federal Government	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/27/2024	Keysor, Georgia		\$8.34
	Contributor address; City; State; Zip Code		
	· · · · · · · · · · · · · · · · · · ·		
	Austin, TX 78757		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/15/2024	Lemmond, Byron		\$5.00
	Katy, TX 77449		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/15/2024	Lemmond, Byron		\$5.00
	Contributor address; City; State; Zip Code		•
	Katy, TX 77449		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/02/2024	Lemmond, Byron		\$5.00
	Contributor address; City; State; Zip Code		•
	Katy, TX 77449		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
None	•	None	, ,

	The Instru	ction Guide explains how to c	complete this f	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 10/29	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Morales, No	ra Stephanie (Ms.)				00085592	,
4	Date	5 Full name of contributor o	ut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/15/2024 Lemmond, Byron				\$5.00		
		6 Contributor address; City; State; Z	ldress; City; State; Zip Code				
		Katy, TX 77449					
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction				<u>ا</u>		
ľ	None			None	5)		
╞		Full name of contributor			_	Amount of Contribution (ft)	
	06/02/2024 Lemmond, Byron				Amount of Contribution (\$)	\$5.00	
							φ5.00
		Contributor address; City; State; Z	lip Code				
		Katy, TX 77449					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	None	· · · · · · · · · · · · · · · · · · ·		None	,		
⊨	Date	Full name of contributor	ut-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	06/15/2024	Lemmond, Byron		/			\$5.00
		Contributor address; City; State; Z			ł		
			.p oodo				
		Katy, TX 77449					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	None			None			
	Date	Full name of contributor	ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/25/2024	Linden, Greg					\$100.00
		Contributor address; City; State; Z			1		
		Seattle, WA 98112					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor	ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/25/2024	McDonagh, Kathleen					\$4.17
	Contributor address; City; State; Zip Code						
⊢	Drivel 1	Austin, TX 78722		Freedow (O			
		pation / Job title (See Instructions)		Employer (See Instructions			
		ood Music Specialist		Armstrong Community N	vius	SIC	

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 7/11 Rpt: 11/29	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ra Stephanie (Ms.)			00085592	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/20/2024	Michaelson, Hedrich				\$4.16
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78757				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	None		None			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	05/31/2024	Milan, Christina				\$50.00
		Contributor address; City; State; Zip Code		"		
		Cypress, TX 77433				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Accountant		ТМНСС			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/27/2024	Oliver, Julie				\$2.09
		Contributor address; City; State; Zip Code		·		
		Austin, TX 78722				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	None		None			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Ι	Amount of Contribution (\$)	
	06/24/2024	Pruitt, Pamela				\$4.17
		Contributor address; City; State; Zip Code		·		
		Austin, TX 78751				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Consultant		Self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	01/09/2024	Risinger, Lesley				\$2.78
		Contributor address; City; State; Zip Code		·		
		Kearny, NJ 07032				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	None		None	-,		
⊢			<u> </u>			

	The Instru	ction Guide explains how to	o complete this fe	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 12/29	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ra Stephanie (Ms.)			<u> </u>	00085592	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/14/2024	Risinger, Lesley					\$11.11
		6 Contributor address; City; State	e; Zip Code				
		Kearny, NJ 07032					
8		pation / Job title (See Instructions)	ļ	9 Employer (See Instructions	5)		
	None			None			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/30/2024	Robbins, Elaine					\$8.33
	Contributor address; City; State; Zip Code				1		
		Austin, TX 78757					
		pation / Job title (See Instructions)	ļ	Employer (See Instructions	5)		
	Copy Editor			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	06/24/2024	Rogers, Kathryn					\$5.00
		Contributor address; City; State			1		
		austin, TX 78757		·			
		pation / Job title (See Instructions)	ļ	Employer (See Instructions	5)		
	Editor			Self	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/26/2024	Smith, Donald					\$8.33
		Contributor address; City; State]		
		Austin TX 87852					
	Dringinal occu	Austin, TX 87852		Employer (See Instructions	$\overline{\Gamma}$		
	None	pallon / Job lille (See Instructions)	ļ	None	5)		
⊢		1 – 11 – 1 – 1 – 1 – 1			—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	#2 00
	06/24/2024	Snow, Mollie					\$2.08
		Contributor address; City; State	؛; Zip Code				
		Austin, TX 78750					
\vdash	Drincinal occu	Ipation / Job title (See Instructions)		Employer (See Instructions			
	None	pallon / Job lille (See manucions)	ļ	None	5)		
	NULLE			NUTE			

The Instru	ction Guide explains how	<i>i</i> to complete this f	orm.	1 Total pages S Sch: 9/11 R		
2 FILER NAME		3 Filer ID (Eth	-	i Filers)		
Morales, No	ra Stephanie (Ms.)	00085592				
4 Date 06/26/2024	5 Full name of contributor Spain, Diana	out-of-state PAC (ID#:_)	7 Amount of Co	ontribution (\$)	\$2.09
	6 Contributor address; City; Si	tate: Zip Code				
	Austin, TX 78751					
8 Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions)		
None			None			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Co	ontribution (\$)	
06/24/2024	Stewart, Lynn					\$4.17
	Contributor address; City; Si					
	Austin, TX 78723					
Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions)		
Physician			Travis County			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Co	ontribution (\$)	
02/25/2024	Taylor, Duncan	—				\$3.57
	Contributor address; City; St					
		<i>i</i> 1				
	Bryan, TX 77803					
Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions)		
None			None			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Co	ontribution (\$)	
01/11/2024	Thomason, Heidi	—				\$10.00
	Contributor address; City; Si	tate; Zip Code				
	San Antonio, TX 78248					
Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions)		
Architect			Self			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Co	ontribution (\$)	
02/25/2024	Tyler, HL					\$3.57
	Contributor address; City; St	tate; Zip Code				
		<i>i</i> 1				
	Boerne, TX 78006					
Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions)		
Caregiving C	Consultant		self			
			1			

	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 14/29	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)		
		ra Stephanie (Ms.)		00085592			
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/25/2024	Tyler, HL					\$3.57
		6 Contributor address; City; State; 2	Zip Code		1		
		Boerne, TX 78006					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Caregiving C	Consultant		self			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/25/2024	Tyler, HL					\$3.57
		Contributor address; City; State; 2					
		Boerne, TX 78006					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Caregiving C	Consultant		self			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/07/2024	Vormelker, Eric					\$100.00
		Contributor address; City; State; 2			1		
		Austin, TX 78752					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Tech Coordi	nator		Texas Health and Huma	an :	Services Commission	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/05/2024	Wang, Xiaoying					\$2.14
		Contributor address; City; State; 2	Zip Code		1		
		Cardiff By the Sea, CA 92007					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	None			None			
Γ	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/26/2024	Ward, M					\$4.17
		Contributor address; City; State; 2	Zip Code		1		
		Pflugerville, TX 78660					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RN			Ascension			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/11 Rpt: 15/29
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	pra Stephanie (Ms.)	00085592	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/26/2024	Williams, Elizabeth		\$25.00
	6 Contributor address; City; State; Zip Code		•
	Alamogordo, NM 88310		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
05/27/2024			\$5.00
	Contributor address; City; State; Zip Code		1
	Mayfield Heights, OH 44124		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)
Software S	upport Agent	Trimble Transportation	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/23/2024			\$14.29
	Contributor address; City; State; Zip Code		1
	Blurr Ridge, IL 60527	i	
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Programme	r	Grainger	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 16/29								
2 FILER NAME		3 Filer ID (Ethics Commission Filers)								
Morales, No	ora Stephanie (Ms.)	00085592								
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$								
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution							
02/04/2024	Morales, Nora		contribution (\$) description							
	7 Contributor address; City; State; Zip Code		\$250.00 Magnets, stickers and other printed material							
	Houston, TX 77043		I Check if travel outside of Texas. Complete Schedule T.							
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON								
Teacher			·····							
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)							
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)							
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)										
Date	Full name of contributor X out-of-state PAC (ID#: CO	0853010)	Amount of In-kind contribution							
06/30/2024	The First Ask		contribution (\$) description							
	Contributor address; City; State; Zip Code		\$868.33 I Staff time							
	Washington, DC 20003		I Check if travel outside of Texas. Complete Schedule T.							
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON								
		P - 7 - (
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributc	or's spouse (if any) (FOR JUDICIAL)							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>								
Date	Full name of contributor X out-of-state PAC (ID#: CO	0853010	Amount of . In-kind contribution							
05/31/2024	The First Ask	()	contribution (\$) description							
00/01/2024			\$723.61 Staff time							
	Contributor address; City; State; Zip Code									
	Washington, DC 20003									
Dringinglage	•		Check if travel outside of Texas. Complete Schedule T.							
Principal occu	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)									
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)									
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	ntributor's spouse (if any) (FOR JUDICIAL)							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>								
ii contributor										

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this f	örm.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 17/29			
2	FILER NAME		3	Filer ID (Ethics Commission Filers)		
	Morales, Nora Stephanie (Ms.)			00085592		
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5	Date 6 Full name of contributor X out-of-state PAC (ID#: CC 04/30/2024 The First Ask)))))))))))))))))))))))))))))))))))))))	8	Amount of 9 In-kind contribution contribution (\$) description \$667.95 I Staff time		
	7 Contributor address; City; State; Zip CodeWashington, DC 20003					
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	DICIAL) (See instructions)		
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)				
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)		
16	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: 18/29	
2 FILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592	
⁴ TOTAL OF UNITEMIZED LOANS	\$	
5 Date of loan 7 Name of lender) 9 Loan Amount (\$) \$4,100.0	0
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code	10 Interest Rate	
No Houston, TX 77043	11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Lawyer Morales Law Firm		
14 Description of Collateral 15 Check if personal fu X None	unds were deposited into political account (See Instructions)	
16 GUARANTOR 17 Name of guarantor INFORMATION	19 Amount Guaranteed (\$)	
X not applicable 18 Guarantor address; City; State; Zip Code		
20 Principal occupation 21 Employer (See Instr	ructions)	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
4	Tatal pages Cabadula F1.	-	· · · ·		inplete this form.	-	Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 1/11 Rpt: 19/29	2	HILER NAME Morales, Nora Stephanie (Ms.)			3	Filer ID (Ethics Commission Filers) 00085592
4	Date	5	Payee name				
	01/14/2024		ActBlue Texas				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$0.95		PO Box 441146				
			Somerville, MA 02144				
8	PURPOSE	(a)			(b) Description		
ľ	OF	(4)	Category (See Categories listed at the top of this sche Solicitation/Fundraising Expense	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Solicitation/Fundraising Expense				, officeholder living expense
					Fees for onlin		
							C C
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	ght		Office held
	Date		Payee name				
	02/04/2024		ActBlue Texas				
				7: 0	-1-		
	Amount (\$)			Zip Co	de		
	\$0.50		PO Box 441146				
			Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Solicitation/Fundraising Expense	edule)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense fundraising
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	ght		Office held
	Date		Payee name				
	02/18/2024		ActBlue Texas				
_				Zip Co	do		
	Amount (\$)		, , , , ,	Zip Cu	ue		
	\$0.29		PO Box 441146				
			Somerville, MA 02144				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Solicitation/Fundraising Expense			, тх,	, officeholder living expense
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name C	Dffice 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		-	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/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	now to co	omplete this form.	1.	
1	Total pages Schedule F1:					3	Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 20/29		Morales, Nora Stephanie (Ms.)				00085592
4	Date 02/25/2024		Payee name ActBlue Texas				
6	Amount (\$) \$1.02		Payee address; City; State PO Box 441146	e; Zip Co	ode		
			Somerville, MA 02144				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for online fundraising					officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight		Office held
	Date		Payee name				
	03/05/2024		ActBlue Texas				
	Amount (\$) \$0.09		Payee address; City; State PO Box 441146	e; Zip Co	ode		
		<u> </u>	Somerville, MA 02144				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Solicitation/Fundraising Expense	hedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense fundraising
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıght		Office held
	Date		Payee name				
	03/17/2024		ActBlue Texas				
	Amount (\$) \$0.20		Payee address; City; State PO Box 441146	e; Zip Co	ode		
			Somerville, MA 02144		1		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Solicitation/Fundraising Expense	hedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense fundraising
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	T · · · · · · · · · · · · · · · · · · ·	The Instruction Guide explains how to complete	i				
1	Total pages Schedule F1: Sch: 3/11 Rpt: 21/29	-ILER NAME Morales, Nora Stephanie (Ms.)	3 Filer ID (Ethics Commission Filers) 00085592				
4	Date	· · · ·	00000002				
4	03/24/2024	Payee name ActBlue Texas					
6	Amount (\$) \$1.98	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144					
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) D	escription				
OF Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for online fundraising							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/31/2024	ActBlue Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$4.10	PO Box 441146 Somerville, MA 02144					
	PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ees for online fundraising				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/07/2024	ActBlue Texas					
	Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441146					
		Somerville, MA 02144					
	PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ees for online fundraising				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· ·			3	Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 22/29	2	Morales, Nora Stephanie (Ms.)			3	00085592
4	Date	5	Payee name				
	04/14/2024		ActBlue Texas				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$0.99		PO Box 441146				
			Somerville, MA 02144				
8	PURPOSE	(a)			(b) Description		
ľ	OF	(<i>a</i>)	Category (See Categories listed at the top of this schere Solicitation/Fundraising Expense	dule)	(b) Description	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Solicitation/Fundraising Expense				, officeholder living expense
					Fees for onlin	ne f	fundraising
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ht		Office held
	Date		Payee name				
	04/21/2024		ActBlue Texas				
_	Amount (\$)	┝	Payee address; City; State;	Zip Co	le		
	\$0.20		PO Box 441146	2.p 000			
	ψ0.20						
			Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Solicitation/Fundraising Expense	dule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense fundraising
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice sou	ht		Office held
	Date		Payee name				
	04/28/2024		ActBlue Texas				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$0.15		PO Box 441146	1			
			Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Solicitation/Fundraising Expense	dule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense fundraising
-	Complete ONLY if direct	L(Candidate/Officeholder name Of	ffice soug	Iht		Office held
	expenditure to benefit C/Oł						
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	verhea xpens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_	Tatal same Oshadula Et.		· · · · · ·	S HOW LO CO	ompi			Files ID (Ethics Complexing Files)
1	Total pages Schedule F1: Sch: 5/11 Rpt: 23/29	2	HILER NAME Morales, Nora Stephanie (Ms.)				3	Filer ID (Ethics Commission Filers) 00085592
4	Date	5	Payee name					
	05/12/2024		ActBlue Texas					
6	Amount (\$)	7	Payee address; City; Stat	e; Zip C	ode			
	\$19.75		PO Box 441146					
			Somerville, MA 02144					
8	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description		
	OF EXPENDITURE		Solicitation/Fundraising Expense	,				ide of Texas. Complete Schedule T.
								, officeholder living expense
						Fees for onlin	ie t	fundraising
_			Needidete/Office.belder.up.me	0#100.000				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ugnt			Office held
	Date		Payee name					
	05/19/2024		ActBlue Texas					
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode			
	\$0.20		PO Box 441146					
			Somerville, MA 02144					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this se Solicitation/Fundraising Expense	chedule)	(b)			ide of Texas. Complete Schedule T.
	-					Fees for onlin		, officeholder living expense fundraising
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught			Office held
	Date		Payee name				_	
	06/02/2024		ActBlue Texas					
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode			
	\$2.38		PO Box 441146					
			Somerville, MA 02144					
	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description		
	OF EXPENDITURE		Solicitation/Fundraising Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Fees for onlin	ie f	lunuraising
	Complete ONU V if dire at	Ļ	Condidate/Officeholder	Office				Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ugnt			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			mittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Cabadula E1.			e explains	100 10 001	inpiete this form.	10	Filer ID (Ethics Commission Filers)	
1	Total pages Schedule F1: Sch: 6/11 Rpt: 24/29	I	HLER NAME Morales, Nora Stephanie (Ms	.)			3	Filer ID (Ethics Commission Filers) 00085592	
4	Date 06/16/2024		Payee name ActBlue Texas						
6	Amount (\$)	7	Payee address; City;	State:	; Zip Coo	le			
-	\$0.20								
8	PURPOSE	(2)	Catagony			(b) Decoription			
0	OF		 a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for online fundraising 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	yht		Office held	
	Date		Payee name						
	06/30/2024		ActBlue Texas						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de			
	\$19.11		PO Box 441146 Somerville, MA 02144						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Solicitation/Fundraising Exper		iedule)		tin, TX	side of Texas. Complete Schedule T. K. officeholder living expense fundraising	
Complete <u>ONLY</u> if direct (expenditure to benefit C/OH			andidate/Officeholder name	C	Office sou	jht		Office held	
	Date		Payee name						
	01/24/2024		Dollar Tree						
	Amount (\$) \$80.11		Payee address; City; 10138 Hammerly	State;	; Zip Coo	de			
			Houston, TX 77080						
PURPOSE (a OF EXPENDITURE			Category (See Categories listed at the t Event Expense	top of this sch	iedule)		tin, TX	side of Texas. Complete Schedule T. K, officeholder living expense Pevent	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jht		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:		3 Filer ID (Ethics Commission Filers)					
	Sch: 7/11 Rpt: 25/29	Morales, Nora Stephanie (Ms.)	00085592					
4	Date 01/30/2024	5 Payee name Griffin, Denis						
6	Amount (\$) \$200.00	\$200.00 7 Payee address; City; State; Zip Code						
		Houston, TX						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule Image: Check if Austin, TX, officeholder living expense Design services Check if travel outside of Texas. Complete Schedule Design services								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/20/2024	Morales, Andres						
	Amount (\$) \$475.00	Payee address; City; State; Zip Code						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		campaign pho	÷ .					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/06/2024	Print-N Sign						
	Amount (\$) \$1,083.00	Payee address; City; State; Zip Code 7350 Harwin Dr Ste 316A						
		Houston, TX 77036						
	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/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:						3 Filer ID	(Ethics Commission Filers)
1	Sch: 8/11 Rpt: 26/29		s, Nora Stephanie (M	s.)			00085592	
4	Date 01/31/2024	Payee n Print-N						
6	Amount (\$)	Payee a	ddress; City;	State [.]	Zip Cod	2		
Ū	\$1,690.00	 7 Payee address; City; State; Zip Code 7350 Harwin Dr Ste 316A Houston, TX 77036 						
8	PURPOSE		N (0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,) Description		
	OF		Y (See Categories listed at the J Expense	e top of this sche	edule)	Check if travel	outside of Texas. Comp n, TX, officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office sough	ıt	Office he	ld
	Date	Payee n	ame					
	01/22/2024	SB Edu	cation Foundation					
	Amount (\$)	Payee a	ddress; City;	State;	Zip Code	9		
	\$1,500.00		mpbell Rd n, TX 77024					
	PURPOSE OF EXPENDITURE	Contrib	Y (See Categories listed at the utions/Donations Mac ate/Officeholder/Polit	de By	,		outside of Texas. Comp n, TX, officeholder living to Color Run	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	С	Office sough	ıt	Office he	ld
	Date	Payee n	ame					
	01/28/2024	SBFFA						
	Amount (\$) \$101.50	Payee a 955 Ca	ddress; City; mpbell Rd	State;	Zip Code	2		
		Housto	n, TX 77024					
	PURPOSE OF EXPENDITURE	Contrib	Y (See Categories listed at the utions/Donations Mac ate/Officeholder/Polit	de By		Check if Austin	outside of Texas. Comp n, TX, officeholder living to Spring Branc	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office sough	it	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		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 9/11 Rpt: 27/29		Morales, Nora Stephanie (Ms.)				00085592			
4	Date	5	Payee name							
	01/23/2024		SWHS Booster Club							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$51.00	9	955 Campbell Rd							
			Houston, TX 77024							
8	PURPOSE	(a) (Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE	(Contributions/Donations Made By				ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Comm	ittee			, officeholder living expense			
					Contribution	10 1	want a Flag program			
	Operation ONIL V if diverse									
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Int		Office held			
⊨	Date		Payee name							
	06/26/2024		Wix							
-	Amount (\$)		Payee address; City; State;	Zip Co	10					
	\$41.13		500 Terry A. Francois Boulevard	210 00						
	φ+1.10									
		:	San Francisco, CA 94158							
	PURPOSE	(a) (Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
					Website	I, IX,	, officenolder living expense			
-	Complete ONLY if direct	L C	andidate/Officeholder name C	Office sou	iht		Office held			
	expenditure to benefit C/OH									
⊨	Date		Payee name							
	05/28/2024		Wix							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
\$41.13 500 Terry A. Francois Boulevard										
	San Francisco, CA 94158									
	PURPOSE	(a) (Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE	/	Advertising Expense				ide of Texas. Complete Schedule T.			
					Check if Austir Website	ι, TΧ,	, officeholder living expense			
					VVEDSILE					
	Complete ONLY if direct		andidate/Officeholder name C	Office sou	lht		Office held			
expenditure to benefit C/OH										
-										

	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: 10/11 Rpt: 28/29	Morales, Nora Stephanie (Ms.)	00085592						
4	Date 04/26/2024	Payee name Wix							
6	Amount (\$) \$41.13	7 Payee address; City; State; Zip Code 500 Terry A. Francois Boulevard San Francisco, CA 94158							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/26/2024	Wix							
	Amount (\$) \$41.13	Payee address; City; State; Zip Code 500 Terry A. Francois Boulevard San Francisco, CA 94158							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/26/2024	Wix							
	Amount (\$) \$41.13	Payee address; City; State; Zip Code 500 Terry A. Francois Boulevard							
		San Francisco, CA 94158							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CAT	EGORIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - I Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Expen Transportation Equipment & R Travel in District Travel Out of District OTHER (enter a category not I	elated Expense
	-		The Instruction Guide exp	plains how to com	plete this form.		
1	Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics Co	mmission Filers)
	Sch: 11/11 Rpt: 29/29	Morales	s, Nora Stephanie (Ms.)			00085592	
4	Date	5 Payee n	ame			•	
	01/26/2024	Wix					
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip Cod	<u> </u>		
ľ	\$41.13	-	ry A. Francois Boulevard		6		
	ψ41.15	500 10	Ty A. Francois Doulevaru				
		San Fra	ancisco, CA 94158				
8	PURPOSE	(a) Categor	/ (See Categories listed at the top of	this schedule) (b) Description		
	OF EXPENDITURE		sing Expense			l outside of Texas. Complete Schedul	e T.
						n, TX, officeholder living expense	
					Website		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e/Officeholder name	Office soug	ht	Office held	