CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

			I			
The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00084305	sion Filers)	 Total pages file 53 	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Heriberto			Date Received	
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Eddie	Morales		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER	352 Hillcrest Blvd					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Eagle Dass TV 79952					
	Eagle Pass, TX 78852				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Heriberto				
NAME						
	NICKNAME	LAST		SUFFIX		
	Eddie	Morales Jr.		Jr.		
		Morales of.		51.		
6 CAMPAIGN						
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC	BOX PLEASE),	APT	/ SUITE #; CITY;	STAT	E; ZIP CODE
ADDRESS	352 Hillcrest Blvd					
(Residence or Business)						
	Eagle Pass, TX 78852					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER		NE NUMBER	EXTENSION			
PHONE	(830) 513-1124					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after cam	naign treasurer
					appointment (office	
	July 15	8th day before	election	Exceeded modified	Final Report (Attac	h C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/27/2024	Tł	HROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dist	rict 74 Maverick	r	State Representa		
			·			
		GO 1	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	hics.state.tx.us	3	Version	1 V4.1.0.5dd2ace2
				-	• 0.0101	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 53

I

13 C / OH NAME	Morales Jr., Heribert	o (The Honorable)	14 Filer ID 00084305	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or office POLITICAL consent. Candidates and officeholders are required to report this information only if they receive n								
Additional Pages		COMMITTEE NAME							
	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME	E						
		COMMITTEE CAMPAIGN TREASURER ADDP	RESS						
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$ 210,244.56					
EXPENDITURE TOTALS	3. TOTAL UNITEN	IZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 50,629.66					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THI RIOD	E LAST DAY OF THE	\$ 218,241.06					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS . TING PERIOD	AS OF THE LAST DAY	\$ 250,000.00					
17 AFFIDAVIT		l swear, or affirm, under pen true and correct and include under Title 15, Election Cod	s all information required						
		The Hono	orable Heriberto Morale	es Jr.					
		Signature	e of Candidate or Officeho	ılder					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
		aid	, this the	day					
of	, 20, to c	eriny which, withess my hand and sear of onice.							
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering oath					
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2					

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 53 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Morales Jr., Heriberto (The Honorable) 00084305 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 78,165.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 132,079.56 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 50,629.66 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/53	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	Morales Jr.,	Heriberto (The Honorable)		00084305	
4	Date 11/22/2024	5 Full name of contributor out-of-state PAC (ID#: ABBVIE PAC		7 Amount of Contribution (\$)	\$500.00
		6 Contributor address; City; State; Zip Code			
	l				
		Chicago, IL 60064			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/06/2024	ALABAMA COUSHATTA TRIBE			\$1,000.00
		Contributor address; City; State; Zip Code			
	l	LIVINGSTON, TX 77351			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
		, ,		,	
_	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/30/2024	AT&T Texas PAC			\$1,000.00
		Contributor address; City; State; Zip Code			
	l	August TV 20201			
	Dringing occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)	\ \	
	Fillopa occa)	
_	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/29/2024	Apache Corp PAC			\$2,000.00
		Contributor address; City; State; Zip Code			
		тх			
-	Principal occu	1X pation / Job title (See Instructions)	Employer (See Instructions)	\ \	
	Ρπιομαί στου)	
-	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/29/2024	Association of Texas Professional Educators PA	4C		\$3,000.00
		Contributor address; City; State; Zip Code			
	l				
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/53	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		Heriberto (The Honorable)		ľ	00084305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/29/2024	BIG BENG LAW				\$500.00
		6 Contributor address; City; State; Zip Code				
		ALPINE, TX 79830				
8	Principal occu		9 Employer (See Instructions	;)		
				, 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	BP NORTH AMERICA EMPLOYEE PAC				\$500.00
		Contributor address; City; State; Zip Code				
	Dringing age	HOUSTON, TX 77079	Employer (Can Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	•)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2024	CENTERPOINT ENERGY				\$1,000.00
		Contributor address; City; State; Zip Code				
		HOUSTON, TX 77210		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	Charter Schools Now PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
	Dringing age	Austin, TX 78704	Employer (Can Instructions	<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	Conoco Phillips Spirit, PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Bartlesville, OK 74004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i moipai occu			<i>'</i>)		

The Instruction Guide explains how to complete this form. 1. Total pages Schedule A1: Sch 3/L0 Rpt: 6/63 2: FILER NAME Morales Jr., Heriberto (The Honorable) 3. Filer ID (Ethic Commission Filers) 00064305 4: Date 11/13/2024 Fell name of contributor Constellations Brand Inc 6. Constellations Brand Inc 6. Constellation Inc 7. Principal accupation / Job Brand Constellation 7. Amount of Contribution (\$) 7. Contributor address: City: State: Zip Code 7. Austin, TX 78701 Date 12.11.2024 Full name of contributor 7. Austin, TX 78701 Contributor Brand Contributor 7. Contributor address: City: State: Zip Code 7. Contributor address: City: State: Z					_		
Morales Jr., Heriberto (The Honorable) 00084305 4 Date 5 Full name of contributor out-of-state PAC (Dot		The Instru	ction Guide explains how to complete this fc	orm.	1		
Morales Jr., Heriberto (The Honorable) 00084305 4 Date 5 Full name of contributor out-of-state PAC (Dot	2	FILER NAME			3	-	on Filers)
11/13/2024 Constellations Brand Inc \$1,000.00 6 Contributor address; City; State; Zip Code \$1,000.00 7 Victor , NY 14564 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (De:	-						<u> </u>
6 Contributor address: City: State: Zip Code Victor , NY 14564 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor owt-of-state PAC (DB:	4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Victor , NY 14564 9 3 Principal occupation / Job title (See Instructions) 9 Date Full name of contributor out-of-state PAC (IDI: 12/03/2024 EI Paso Electric Employee PAC Amount of Contribution (S) Contributor address; City; State; Zip Code Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (DEI: 11/13/2024 Full name of contributor out-of-state PAC (DEI: Vincipal occupation / Job title (See Instructions) Employer (See Instructions) Date DALLAS; TX 75240 Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (DEI: DALLAS; TX 75240 Amount of Contribution (S) \$5,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$5,000.00 Contributor address; City; State; Zip Code Amount of Contribution (S) \$5,000.00 Principal occupation / Job title (See Instructions) Employer (See Instruction		11/13/2024					\$1,000.00
3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 12/03/2024 Full name of contributor							
3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 12/03/2024 Full name of contributor out-of-state PAC (IDF:) Amount of Contribution (\$) 12/03/2024 El Paso Electric Employee PAC \$1,015.00 Contribution address; City State, Zip Code \$1,015.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF:) Amount of Contributor out-of-state PAC (IDF:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDF:) Amount of Contribution (\$) 11/13/2024 Full name of contributor out-of-state PAC (IDF:) Amount of Contribution (\$) Date DALLAS, TX 75240 Employer (See Instructions) \$5,000.00 Date Full name of contributor out-of-state PAC (IDF:) Amount of Contribution (\$) 12/11/2024 Full name of contributor out-of-state PAC (IDF:) Amount of Contribution (\$) 21/11/2024 Full name of contributor out-of-state PAC (IDF:) Amount of Contribution (\$) 21/2/12/2024 Ful			1				
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DALLAS, TX 75240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/11/2024 HILLCO PAC \$5,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Adstin, TX 78701 Amount of Contribution (\$) 12/12/2024 HILLCO PAC Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701 Austin, TX 78701							
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/11/2024 HILLCO PAC \$5,000.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Advision, TX 78701 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Austin, TX 78701 Austin, TX 78701 Amount of Contribution (\$)			1				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/11/2024 HILLCO PAC \$5,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 Full name of contributor out-of-state PAC (ID#:) MILLCO PAC Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701 Amount of Contribution (\$)			DALLAS, TX 75240				
12/11/2024 HILLCO PAC \$5,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 HILLCO PAC \$2,500.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701 Amount of Contribution (\$) Austin, TX 78701 Loce	_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
12/11/2024 HILLCO PAC \$5,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 HILLCO PAC \$2,500.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701 Austin, TX 78701		Data			_	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 12/12/2024 HILLCO PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$5,000,00
Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/12/2024 HILLCO PAC Contributor address; City; State; Zip Code Austin, TX 78701		12/11/2024					\$5,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 HILLCO PAC Contributor address; City; State; Zip Code \$2,500.00 Austin, TX 78701 Luber Contributor			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 HILLCO PAC Contributor address; City; State; Zip Code \$2,500.00 Austin, TX 78701 Logo			1				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 HILLCO PAC Contributor address; City; State; Zip Code \$2,500.00 Austin, TX 78701 Luber Contributor			Austin, TX 78701				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/12/2024 HILLCO PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701		Principal occu	1	Employer (See Instructions)		
12/12/2024 HILLCO PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701		·					
12/12/2024 HILLCO PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701		Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Austin, TX 78701		12/12/2024					\$2,500.00
Austin, TX 78701							
			1				
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Austin, TX 78701				
		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/53	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Heriberto (The Honorable)			00084305	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	HOWARD ENERGY PARTNERS				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		-				
		SAN ANTONIO, TX 78256				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/29/2024	Home Depot PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20004				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/20/2024	IPC STATE PAC				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78205	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
L			<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/27/2024	JOHNSON, RICHARD				\$100.00
		Contributor address; City; State; Zip Code				
⊢	- Dringing oog	ALPINE, TX 79630				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
╘		<u> </u>	<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±1 000 00
	10/29/2024	Jobe, Stanley				\$1,000.00
	Contributor address; City; State; Zip Code					
		ТХ				
┝	Dringingl occu		Employer (See Instructions			
	Principal occu Na	upation / Job title (See Instructions)	Employer (See Instructions Na	5)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/53	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		Heriberto (The Honorable)		-	00084305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/02/2024	Laredo Fire PAC				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Laredo, TX 78041				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
			l			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	Linebarger Goggan Blair & Sampson, LLP				\$500.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78205				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/02/2024	MOTOROLA SOLUTIONS PAC				\$500.00
		Contributor address; City; State; Zip Code		1		
		WASHINGTON, DC 20004	-			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)		
L				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/30/2024	NAIFA TEXAS IFAPAC]		\$500.00
		Contributor address; City; State; Zip Code				
		ALICTINE TV 70746				
⊢	Dringing oog	AUSTIN, TX 78746				
	Phincipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
╞			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 4 000 00
	10/30/2024	NRG Energy Inc PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Princeton, NJ 08540				
	Drincinal occi	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Philopai occu			<i>י</i> ן		
┝			<u> </u>			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/53	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
ľ		Heriberto (The Honorable)		ľ	00084305	51111013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/30/2024	ONEOK EMPOYEES PAC				\$500.00
		6 Contributor address; City; State; Zip Code				
		TULSA, OK 74102				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/02/2024	PAC INDEPENDENT INSURANCE AGENTS				\$500.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78768				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	r incipal occu			<i>)</i>		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/28/2024	PHARMPAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		AUSTIN, TX 78757				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/29/2024	SLEDGELAW GROUP PLLC				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	- 5)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u>ا</u>	Γ	Amount of Contribution (\$)	
	10/29/2024	San Antonio Apt Association PAC	/			\$1,500.00
	10/20/2021					<i>\$1,000.00</i>
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>լ</u> ։)		
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The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/53
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Heriberto (The Honorable)		00084305
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/31/2024	TBA Bank PAC		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78701		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/13/2024	TEXAS ALLIANCE FOR CONSERVATION PA	С	\$1,000.00
	Contributor address; City; State; Zip Code		
	OZONA, TX 76943		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/10/2024	TEXAS PRODUCE PAC		\$750.00
	Contributor address; City; State; Zip Code		
	MISSION, TX 78572		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/29/2024	THE US ONCOLOGY PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	THE WOODLANDS, TX 77380		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/29/2024	TREPAC		\$10,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78768	i	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)

The	Instruc	ction Guide explains how	<i>ı</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/53	
2 FILER	R NAME				3	Filer ID (Ethics Commissio	on Filers)
Mora	ales Jr., I	Heriberto (The Honorable)				00084305	
4 Date		5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10/29	9/2024	Texas Aggregates & Conc	crete Association PAC				\$1,000.00
		6 Contributor address; City; Sta	.ate; Zip Code				
		Austin , TX 78701					
8 Princi	ipal occup	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
Date	<u> </u>	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/29	9/2024	Texas Automobile Dealers					\$2,000.00
		Contributor address; City; St	tate; Zip Code				
	ļ	Austin, TX 78701					
Princi	ipal occur	I pation / Job title (See Instructions)	· (ز	Employer (See Instructions	L 3)		
			1				
Date		Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/30	0/2024	Texas College or Emerger					\$500.00
		Contributor address; City; Sta	ate; Zip Code،		1		
<u> </u>		Austin, TX 78701	<u>.</u>		Ĺ		
Princi	pal occup	pation / Job title (See Instructions))	Employer (See Instructions	3)		
Date		Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
12/08	8/2024	Texas Manufactured Hous	sing Assoc Inc				\$500.00
		Contributor address; City; St	ate; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
		Auctin TY 78731					
Drinci		Austin , TX 78731 pation / Job title (See Instructions)	-1	Employer (See Instructions	\sum_{n}		
	μαι υτταγ)		<i>י</i> י		
Date		Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
11/08	8/2024	Texas State Association o					\$750.00
		Contributor address; City; Sta	ate; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
		Austin, TX 78745					
Princi	ipal occup	pation / Job title (See Instructions)	.)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/53		
2	FILER NAME		3	Filer ID (Ethics Commission	on Filers)	
	Morales Jr.,	Heriberto (The Honorable)			00084305	
4	Date	5 Full name of contributor out-of-state PAC (IDa	#:)	7	Amount of Contribution (\$)	
	12/09/2024	Texas for Lawsuit Reform PAC				\$15,000.00
	I	6 Contributor address; City; State; Zip Code		1		
		1				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (IDa	#:)	Γ	Amount of Contribution (\$)	
	10/29/2024	Titus, Jean				\$500.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		- " TV 75004				
<u> </u>	Drivelaar	Dallas, TX 75231				
	Principal occu Na	pation / Job title (See Instructions)	Employer (See Instructions Na	5)		
⊨				—		
	Date	Full name of contributor out-of-state PAC (ID;	#:)		Amount of Contribution (\$)	* 2 000 00
	10/31/2024	USAA Employee PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		тх				
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	·	• •		•		
	Date	Full name of contributor out-of-state PAC (ID;	#:)	Τ	Amount of Contribution (\$)	
	10/29/2024	United Food and Commercial Workers Union				\$5,000.00
	l	Contributor address; City; State; Zip Code		1		
		1				
		1				
		Washington, DC 20006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				. 		
	Date	Full name of contributor out-of-state PAC (ID;	#:)		Amount of Contribution (\$)	
	10/31/2024	VICTOR E PERRY ATTORNEY AT LAW				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Eagle Pass, TX 78852				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	1 1110/200 223.			3)		
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	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/53		
-	FILER NAME			2	Filer ID (Ethics Commissio	n Filore)
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		Heriberto (The Honorable)			00084305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/29/2024	Villalpando, George				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		· · · · · · · · · · · · · · · · · · ·				
		San Antonio, TX 78249				
L				Ļ		
8			9 Employer (See Instructions	5)		
	Account Spe	ecialist	Anthem Healthcare			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	WALPEC	······································			\$1,000.00
	10/20/2024					φ <u>1</u> ,000.00
		Contributor address; City; State; Zip Code				
		BENTONVILLE, AR 72716				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
⊨	Data			<u> </u>	Amount of Contribution (f)	
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	** *** ***
	12/09/2024	Wholesale Beer Distributors of Texas				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ເ</u> ເ)		
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Heriberto (The Honorable)	00084305			
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			
10/29/2024	Charter Schools Now PAC		contribution (\$) description		
	7 Contributor address; City; State; Zip Code		\$900.00 radio ads		
	Austin, TX 78704		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	I-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description		
10/29/2024	Charter Schools Now PAC		\$2,040.001 Political Ad		
	Contributor address; City; State; Zip Code				
	Austin, TX 78704	Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
10/29/2024	– • –		contribution (\$) description		
	Contributor address; City; State; Zip Code		\$15,000.00 Media Buy		
	· · · · · · · · · · · · · · · · · · ·				
	Austin, TX 78704		Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
·					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
	· · · · · · · · · · · · · · · · · · ·				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If oontributer	ic a shild low firm of parapt(a) (if any) (FOR 31 DIG(A1))				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/4 Rpt: 15/53						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Heriberto (The Honorable)	00084305						
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
5 Date 10/29/2024	7 Contributor address; City; State; Zip Code)	 8 Amount of 9 In-kind contribution contribution (\$) 4 description \$1,000.00 Political Ad 					
	Austin, TX 78704		Check if travel outside of Texas. Complete Schedule T.					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 11/02/2024	Full name of contributor out-of-state PAC (ID#: Charter Schools Now PAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$3,040.00 pol ads					
	Austin, TX 78704	Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON						
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 Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description \$35,000.00 I digital ad buy					
	Austin , TX 78756		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/4 Rpt: 16/53							
2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
Morales Jr.,	Heriberto (The Honorable)	00084305							
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						
10/29/2024			contribution (\$) description \$35,000.00 I DIGITAL ADS						
	7 Contributor address; City; State; Zip Code								
	Austin , TX 78756								
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. JUDICIAL) (See instructions)						
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title ((FOR JUDICIAL) (See instructions)						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	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 out-of-state PAC (ID#:)	Amount of In-kind contribution						
11/02/2024	TREPAC		contribution (\$) description						
	Contributor address; City; State; Zip Code		\$18,992.22 I direct mail						
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title ((FOR JUDICIAL) (See instructions)						
Contributorio		Low firm of contributo							
Contributors	employer/law firm (FOR JUDICIAL)	Law IIm of contributo	r's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
II CONTINUATOR									
Date	Full name of contributor		Amount of In kind contribution						
Date 11/02/2024	Full name of contributor out-of-state PAC (ID#: TREPAC)	Amount of In-kind contribution contribution (\$) description						
11/02/2024	Contributor address; City; State; Zip Code		\$25.00 grassroots event						
	Contributor address, City, State, Zip Code								
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON							
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)								
1									

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 4/4 Rpt: 17/53							
2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
	Heriberto (The Honorable)	00084305							
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						
11/03/2024	Texas Farm Bureau AGFUND Inc		contribution (\$) description \$5.18 Website endorsement						
	7 Contributor address; City; State; Zip Code								
			I I						
	Weee TV 70700								
	Waco, TX 76702		Check if travel outside of Texas. Complete Schedule T.						
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)						
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	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 out-of-state PAC (ID#:)	Amount of In-kind contribution						
10/27/2024	Texas Trial Lawyers Association, PAC		contribution (\$) description \$21,077.16 MAILERS						
	Contributor address; City; State; Zip Code		\$21,077.10TMAILERS						
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
Contributor 3		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)							
Contributor S									
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment			-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e 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:	2				2	Filer ID (Ethics Commission Filers)		
1	Sch: 1/36 Rpt: 18/53		Morales Jr., Heriberto (The Honorable))		3	00084305		
4	Date 11/04/2024		Payee name 830 Sign Shop						
6 Amount (\$) \$40.00			Payee address; City; State; 607 E Rio Grande Eagle Pass, TX 78852	; Zip Co	de				
8 PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV SIGNS						
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH					Office held			
	Date		Payee name						
	10/30/2024		Aguirre, ABIGAIL						
Amount (\$) Payee address; City; State; Zip Code \$470.00									
			ТХ						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense NG		
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Candidate/Officeholder name C	Dffice sou	ght		Office held		
	Date		Payee name						
	11/12/2024		Aguirre, ABIGAIL						
Amount (\$) \$580.00			Payee address; City; State;	; Zip Co	de				
			ТХ						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense			T T T	olicitation/Fundraising Expense iransportation Equipment & Related Expense ravel in District iravel Out of District DTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME				3 F	iler ID (Ethics Commission Filers)	
	Sch: 2/36 Rpt: 19/53	Morales Jr., Her	iberto (The Honorable	e)		0	0084305	
4	Date	Payee name						
	10/29/2024	Aguirre, Abigail						
6	Amount (\$) \$390.00	Payee address; TX	City; State	e; Zip Code	2			
_	DUDDOOF)			
8	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the top of this schedule) (b) Description Iaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense phone banking					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	lder name	Office sough	t		Office held	
	Date	Payee name						
	11/12/2024	Airbnb						
	Amount (\$)	Payee address;	City; State	e; Zip Code	9			
	\$1,131.51	Austin, TX 7984	3					
PURPOSE OF EXPENDITURE		Category (See Cate Travel Out of Dis	egories listed at the top of this so strict	shedule) (k	Check if Austin	n, TX, of	of Texas. Complete Schedule T. ficeholder living expense or fundraiser, stayed at an airbnb	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	lder name	Office sough	t		Office held	
	Date	Payee name						
	10/28/2024	Araujo, Ale						
	Amount (\$) \$60.00	Payee address;	City; State	e; Zip Code	2			
		ТХ						
	PURPOSE OF EXPENDITURE	Contributions/Do	egories listed at the top of this so onations Made By eholder/Political Comr	,		n, TX, of	of Texas. Complete Schedule T. ficeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	lder name	Office sough	t		Office held	

				EXPENDITURE	CATEGOR	RIES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gift/ mittee Leg	nt Expense 5 d/Beverage Expense Awards/Memorials Ex al Services e Instruction Guic		Office Over Polling Exp Printing Exp Salaries/Wa	head ense pense ages/	e Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expens	se
1	Total pages Sabadula E1:	2					ipic		3	Filor ID	(Ethics Commission F	ilore)
1	Total pages Schedule F1: Sch: 3/36 Rpt: 20/53		Morales Jr., He	riberto (The H	onorable))			3	Filer ID 00084305		liers)
4	Date	5 I	Payee name									
	10/29/2024	/	Araujo, Ale									
6	Amount (\$) \$65.00		Payee address; TX	City;	State;	; Zip Coc	le					
8	PURPOSE	(a) (Category (See C	tenories listed at the	ton of this sch	edule)	(b)	Description				
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense phone bank												
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office soug	jht			Office he	ld	
	Date	F	Payee name									
	11/12/2024	,	Arizpe, Daniel									
	Amount (\$) \$210.00	1	Payee address;	City;	State;	; Zip Coo	le					
			ТХ									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor				(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign lead						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office soug	jht			Office he	ld	
	Date		Payee name									
	11/04/2024		Arizpe, Daniel									
	Amount (\$) \$838.33	1	Payee address;	City;	State;	; Zip Coc	de					
		-	ТХ									
	PURPOSE OF EXPENDITURE		Category _{(See C} Salaries/Wage			edule)			, тх,	de of Texas. Comp officeholder living gn Leader		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office soug	jht			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		t 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: 4/36 Rpt: 21/53	Morales Jr., Heriberto (The Honorable)	00084305								
4	Date 11/01/2024	5 Payee name BERNAL, LILIANA									
6	Amount (\$)										
0	\$360.00	7 Payee address; City; State; Zip Code DEL RIO, TX									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
Ū	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CANVASSING 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/12/2024	BERNAL, LILIANA									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$570.00										
		ТХ									
	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ING								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/19/2024	Balcorta, Aida									
	Amount (\$) \$77.00	Payee address; City; State; Zip Code									
		El paso, TX									
	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense DIOCK WAIKING								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/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:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 5/36 Rpt: 22/53	Morales Jr., Heriberto (The Honorable)	00084305								
4	Date 11/04/2024	Payee name CADENA, MOISES									
6	Amount (\$) \$368.34										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if Austin, TX, officeholder living expense EI Paso block walker											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/21/2024	CAIN, GRACIE									
	Amount (\$) Payee address; City; State; Zip Code \$1,000.00										
		El Paso , TX									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense r k								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/01/2024	CASTILLO, MAYRA									
	Amount (\$) \$250.00	Payee address; City; State; Zip Code									
		ТХ									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense D								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 6/36 Rpt: 23/53	Morales Jr., Heriberto (The Honorable)	00084305								
4	Date 11/06/2024	5 Payee name CASTILLO, MAYRA									
6	Amount (\$)										
0	\$500.00										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD FOR CELEBRATION EVENT										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/31/2024	CHARLES, VICTORIA									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$200.00	TX									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense G								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/30/2024	CHoches BBQ									
	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code									
		тх									
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense DOC								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	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: 7/36 Rpt: 24/53	Morales Jr., Heriberto (The Honorable)	00084305							
4	Date	5 Payee name								
	11/04/2024	CONTRAILS COFFE LLC								
6	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code								
		DEL RIO, TX								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		utside of Texas. Complete Schedule T.							
			TX, officeholder living expense							
			RING EARLY VOTING							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/12/2024	Cadena, Moises								
_	Amount (\$)	Payee address; City; State; Zip Code								
	\$197.54									
		E Paso, TX								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/10/2024	Constant Contact								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$98.08	1601 Trapelo Rd								
		Waltham, TX 02451								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/O	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	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	Office C Polling I Printing Salaries	Verhea Expens Expens Wage	ise s/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense				
1	Total pages Schedule F1:	2	-		-		3	Filer ID	(Ethics Commission Filers)				
	Sch: 8/36 Rpt: 25/53		Morales Jr., Heriberto (The Honoral	ole)				00084305	``````````````````````````````````````				
4	Date	5	Payee name										
	11/04/2024		Constant Contact										
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$98.08		1601 Trapelo Rd										
			Waltham, TX 02451										
8	PURPOSE	(a)	Category (See Categories listed at the top of this		(b)	Description							
	OF	Ľ	Fees	s schedule)			outsi	de of Texas. Compl	lete Schedule T.				
	EXPENDITURE					<u> </u>		officeholder living e	expense				
						email list data	a st	orage					
_				0				Office hel	4				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	bugnt			Office hel	a				
	Date		Payee name										
	11/12/2024		DE LOS SANTOS, MARTHA										
	Amount (\$)		Payee address; City; St	ate; Zip C	Code								
	\$580.00												
			ТХ										
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description							
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,				de of Texas. Compl					
								officeholder living e	expense				
						CANVASSIN	G						
	Complete ONLY if direct		Candidate/Officeholder name	Office so				Office hel	d				
	expenditure to benefit C/Oł			Office Se	Jugin			Office field	u				
-	Date		Payee name										
	11/04/2024		De Hoyos, Rosa (Ms.)										
	Amount (\$)			ate; Zip C	Code								
	\$600.00		2735 Rodriguez St	ato, <u>n</u> p c									
			Eagle Pass, TX 78852										
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description							
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Compl officeholder living e					
						GOTV	, 17,	officeriolder inving e	cxpense				
	Complete ONLY if direct		Candidate/Officeholder name	Office so	bught			Office hel	d				
	expenditure to benefit C/OI	Н											

			EX	PENDITURE CATE	EGORI	IES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa mittee Legal Se	verage Expense rds/Memorials Expense		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2				-	•	3	Filer ID	(Ethics Commission Filers)	\neg
1	Sch: 9/36 Rpt: 26/53		Morales Jr., Herib	erto (The Honora	able)			5	00084305		
4	Date	5	Payee name								
	11/06/2024		ECHAVARRIA, A	NDRES							
6	Amount (\$)	7	Payee address;	City; S	State;	Zip Cod	e				_
	\$1,200.00										
			ТХ								
8	PURPOSE	(a)	Category (See Catego	ories listed at the top of th	his sched	dule) (b) Description				
	OF EXPENDITURE		Food/Beverage E	xpense					de of Texas. Comp		
									officeholder living	expense	
							FOODFOR		_1111		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officehold	er name	Off	fice soug	ht		Office he	ld	
	Date	1	Payee name								-
	11/13/2024		ECHAVARRIA, A	NDRES							
	Amount (\$)		Payee address;		State [.]	Zip Cod	<u>م</u>				—
	\$4,000.00		ayee address,	City, C	Juic,	210 000	0				
	φ-,000.00										
		<u> </u>	тх								
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Food/Beverage E		his sched	dule) (, TX,	de of Texas. Comp officeholder living _EBRATION	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officehold	er name	Off	fice soug	ht		Office he	ld	
	Date		Payee name								
	12/05/2024		El Paso Young De	emocrats							
	Amount (\$)		Payee address;	City; S	State;	Zip Cod	e				-
	\$500.00		P.O. Box 82825								
			Austin, TX 78708								
	PURPOSE OF		Category (See Catego		his sched	dule)	b) Description				
	EXPENDITURE		Contributions/Dor		ommit	taa			de of Texas. Comp officeholder living		
			Candidate/Office	ioiden/Political Co	ommu	liee	donation	, 17,	oncentituer inving	expense	
		1									
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officehold	er name	Off	fice soug	ht		Office he	ld	_
-											┥

			EXPENDITURE C	CATEGOR	IES 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 Exp Legal Services The Instruction Guide	ense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Cabadula E1;			piete this form.	12	Filer ID	(Ethics Commission File	arc)		
T	Total pages Schedule F1: Sch: 10/36 Rpt: 27/53		., Heriberto (The Ho	norable)			1	00084305		::5)
4	Date	5 Payee nam	e							
	12/17/2024	Etsy								
6	Amount (\$) \$454.53	 Payee addr Brooklyn , 		State;	Zip Cod	e				
8	PURPOSE	-				b) Description				
0	OF		See Categories listed at the to erhead/Rental Expen		dule) (de of Texas. Comp officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Of	ffice soug	nt		Office he	ld	
	Date	Payee nam	e							
	10/28/2024	Eugenio, M	<i>l</i> ario							
	Amount (\$) \$250.00	Payee addr	ess; City;	State;	Zip Cod	e				
		-	s, TX 78852							
	PURPOSE OF EXPENDITURE	(a) Category (Advertising	See Categories listed at the to Categories Expense	op of this sched	dule) (de of Texas. Comp officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Of	ffice soug	nt		Office he	ld	
	Date	Payee nam	e							
	11/14/2024	,	ASSANDRA							
	Amount (\$) \$120.00	Payee addr	ess; City;	State;	Zip Cod	e				
		ТХ								
	PURPOSE OF EXPENDITURE		See Categories listed at the to /ages/Contract Labo		dule) (de of Texas. Comp officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Of	ffice soug	nt		Office he	ld	

				EXPENDITURE	CATEGOR	RIES FOR	во)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Foo Gift/ Imittee Lega	nt Expense d/Beverage Expense Awards/Memorials E al Services e Instruction Guid	xpense	Office Over Polling Exp Printing Ex Salaries/W	rhead ense pense ages/	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Rela	ated Expense
_	The Lands Coloredule F1.			Instruction Gui	de explains	now to cor	npie	te this ionii.	<u> </u>		(Ethics Com	··-
1	Total pages Schedule F1: Sch: 11/36 Rpt: 28/53		HILER NAME Morales Jr., He	riberto (The ⊢	lonorable))			3	Filer ID 00084305	(Ethics Com	mission Filers)
4	Date	5	Payee name									
	10/30/2024		Flores, Perla									
6	Amount (\$) \$120.00		Payee address; TX	City;	State;	; Zip Coo	de					
8	PURPOSE OF EXPENDITURE		Category _{(See Ca} Salaries/Wage:			edule)			, TX,	de of Texas. Com officeholder living		Γ.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeh	older name	C	Dffice souç	ght			Office he	eld	
	Date		Payee name									
	10/31/2024		GARZA, HOME	ERO								
	Amount (\$) \$250.00		Payee address;	City;	State;	; Zip Coo	de					
			тх									
	PURPOSE OF EXPENDITURE		Category _{(See Ca} Salaries/Wage			edule)			, TX,	de of Texas. Com officeholder living		τ.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	11/06/2024		GONZALEZ, N	IGUEL								
	Amount (\$) \$500.00		Payee address;	City;	State;	; Zip Coo	de					
			тх									
	PURPOSE OF EXPENDITURE		Category _{(See Ca} Salaries/Wage:			edule)				de of Texas. Com officeholder living		r.
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Dffice sou	ght			Office he	eld	

		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
-	Sch: 12/36 Rpt: 29/53	Morales Jr., Heriberto (The Honorable)	00084305		
4	Date 10/30/2024	5 Payee name Garcia, DAVO			
6		7 Payee address; City; State; Zip Code			
6	Amount (\$) \$90.00	TX			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BLOCK WALKING					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/29/2024	Gonzalez, Itzel			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$104.00	TX			
	PURPOSE OF EXPENDITURE		outside 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			
	10/29/2024	Gonzalez, Mario			
	Amount (\$) \$165.00	Payee address; City; State; Zip Code			
		ТХ			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense g		
	Complete ONLY 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		nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
±	Sch: 13/36 Rpt: 30/53	Morales Jr., Heriberto (The Honorable)	00084305			
4	Date	5 Payee name	•			
	11/12/2024	Gonzalez, Mario				
6	Amount (\$) \$135.00	 7 Payee address; City; State; Zip Code TX 				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n			
OF Salaries/Wages/Contract Labor (b) Description OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CANVASSING						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/13/2024	Goodman Campaign				
	Amount (\$) \$67.50	Payee address; City; State; Zip Code				
		ТХ				
	PURPOSE OF EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, 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				
	12/19/2024	Google				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2.12	1600 Amphitheatre Parkway				
		Mountain View , CA 94043				
	PURPOSE OF EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

			EXPENDITURE CATEGOR	RIES 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	pense 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	FILER NAME	Filer ID (Ethics Commission Filers)			
	Sch: 14/36 Rpt: 31/53		Morales Jr., Heriberto (The Honorable)				00084305
4	Date	5	Payee name				
	11/19/2024		Google				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$2.12		1600 Amphitheatre Parkway				
			Mountain View , CA 94043				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF		Fees	cuuic)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE						officeholder living expense
					data storage	fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	lht		Office held
	Date		Payee name				
	11/04/2024		HERNANDEZ, HECTOR				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$750.00						
			ТХ				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T. , officeholder living expense
						•	
	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	iht		Office held
	expenditure to benefit C/OF			· · · · ·			
-	Date		Payee name				
	11/13/2024		HERNANDEZ, KASANDRA				
-	Amount (\$)			Zip Co	le		
	\$360.00		outo,	00			
			тх				
	PURPOSE			I	(b) Decemination		
	OF		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Salanes/Wages/Contract Labor				officeholder living expense
					GOTV		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/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	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: 15/36 Rpt: 32/53	Morales Jr., Heriberto (The Honorable)								
4	Date 12/11/2024	Payee name JIMENEZ, CRISTINA								
6	Amount (\$) \$200.00	200.00 7 Payee address; City; State; Zip Code Del Rio, TX								
8	PURPOSE OF EXPENDITURE	Loan Renavment/Reimhursement								
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date	Payee name								
	11/04/2024	JIMENEZ, CRISTINA								
	Amount (\$) \$595.00	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE	Check if Austin,	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Del Rio canvassing leader							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/08/2024	JIMENEZ, CRISTINA								
	Amount (\$) \$1,220.00	Payee address; City; State; Zip Code								
		TX								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense VORK GOTV DEL RIO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labo	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 16/36 Rpt: 33/53	Morales Jr., Heriberto (The Honorable)	00084305							
4	Date 11/12/2024	5 Payee name JIMENEZ, CRISTINA								
6	Amount (\$) \$350.00	Payee address; City; State; Zip Code								
8	PURPOSE OF EXPENDITURE	Salaries/Mages/Contract Labor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/01/2024	Juarez, Sonia								
	Amount (\$) \$249.00	Payee address; City; State; Zip Code								
		ТХ								
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CANVASSING							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	ht Office held							
	Date	Payee name								
	11/08/2024	Juarez, Sonia								
	Amount (\$) \$516.00	Payee address; City; State; Zip Code								
		ТХ								
	PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			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)		
Ļ				plete this form.	1_	Filer ID				
1	Total pages Schedule F1: Sch: 17/36 Rpt: 34/53	as Schedule F1: 2 FILER NAME 3 /36 Rpt: 34/53 Morales Jr., Heriberto (The Honorable) 3							(Ethics Commission Filers)	
4	Date	5 Payee	e name							
	11/04/2024	LOPI	EZ, Norma							
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code TX								
8	PURPOSE	(a) Categ	Ory (See Categories listed at the	top of this sche	edule) (I) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor								
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									d	
	Date	Paye	e name							
	10/30/2024	Land	a, Jose							
	Amount (\$)	Payee	e address; City;	State;	Zip Cod	9				
	\$250.00 2937 Rodriguez St Eagle Pass, TX 78852									
	PURPOSE OF EXPENDITURE	Ory (See Categories listed at the rtising Expense	top of this sche	edule) (I			de of Texas. Compl officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					d			
	Date	Payee	e name							
	11/12/2024	Leyv	a, Fernando							
	Amount (\$) \$241.50	Payee	e address; City;	State;	Zip Cod	2				
	El Paso, TX									
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the ies/Wages/Contract Lab		edule) (I			de of Texas. Compl , officeholder living e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate/Officeholder name	C	Office soug	nt		Office held	d	

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm 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			3	Filer ID (Ethics Commission Filers)			
	Sch: 18/36 Rpt: 35/53		Morales Jr., Heriberto (The Honorable)	00084305						
4	Date	5	Payee name							
	11/13/2024		Lopez, Norma							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$180.00		751 Comal St							
			Eagle Pass, TX 78852							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,			ide of Texas. Complete Schedule T.			
						ι, ΤΧ,	, officeholder living expense			
					GOTV					
_	Operation ONITY if all a st									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Int		Office held			
	Date		Payee name							
	12/02/2024									
_	Amount (\$)		Payee address; City; State;	Zip Co	le					
	Amount (\$) Payee address; City; State; Zip Code \$300.00									
			ТХ							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
art display donation							tion			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght Office held					
	Date									
	11/01/2024		MARTINEZ, ELIAS							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$1,750.00									
	TX									
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.									
							, officeholder living expense			
	SIGNS REMOVAL DEL RIO									
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	uht		Office held			
	expenditure to benefit C/OI			AUCE SOU	ji it		Unice neid			

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Pri			e /Contract Labor	Transportation E Travel in District Travel Out of Dis	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:	ILER NAME	-			3 Filer ID	(Ethics Commission Filers)			
	Sch: 19/36 Rpt: 36/53	Morales Jr., Heriberto (The Honorable) 00084305								
4	Date 11/08/2024	5 Payee name MEDINA, ESTEFANY								
6	Amount (\$) \$310.00	7 Payee address; City; State; Zip Code								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder n	ame Of	fice sought		Office he	eld			
	Date	Payee name								
10/31/2024 MISSION BORDER HOPE										
	Amount (\$) Payee address; City; State; Zip Code \$50.00 TX									
	PURPOSE OF EXPENDITURE	Category _{(See Categories} Contributions/Donati Candidate/Officehold	ons Made By		 b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION 					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder n	ame Of	fice sought		Office he	eld			
	Date	Payee name								
	11/08/2024	MORALES, DINA								
	Amount (\$) Payee address; City; State; Zip Code \$72.00									
	ТХ									
	PURPOSE OF EXPENDITURE	Category _{(See Categories} Salaries/Wages/Con		_{dule)} (b)		outside of Texas. Com , TX, officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeholder n	ame Of	fice sought		Office he	eld			

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
-	Sch: 20/36 Rpt: 37/53	Morales Jr., Heriberto (The Honorable)	00084305
4	Date	5 Payee name	
	11/04/2024	MORALES Sr., HERIBERTO	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,951.78	ТХ	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
•	OF	Loan Repayment/Reimbursement	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			R FOOD/DRINKS/MATERIALS TO
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/31/2024	MORENO, JIMENA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$280.00		
		TX	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense G
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/15/2024	MORENO, SONIA	
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code	
		ТХ	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense WORK
	Complete ONLY 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											
1	Total pages Schedule F1:											
•	Sch: 21/36 Rpt: 38/53	Morales Jr., Heriberto (The Honorable) 00084305										
4	Date 11/01/2024	5 Payee name MORENO, YADIRA										
6	Amount (\$) \$430.00	7 Payee address; City; State; Zip Code										
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CANVASSING 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held										
	Date	Payee name										
	11/12/2024	MORENO, YADIRA										
	Amount (\$) \$340.00	Payee address; City; State; Zip Code										
		ТХ										
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CANVASSING 										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held										
	Date	Payee name										
	11/01/2024	Maverick Co Democratic Party										
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 475 El Indio Hwy										
		Eagle Pass, TX 78852										
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EVENT DONATION 										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhead kpense xpens Wages	e /Contract Labor		Travel in District Travel Out of Distric	pment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME									
	Sch: 22/36 Rpt: 39/53		Morales Jr., Heriberto (The Honorable	Jr., Heriberto (The Honorable)								
4	Date 11/18/2024		Payee name McCord, Cayden									
6	Amount (\$) \$300.00		Payee address; City; State 2301 S Mopac #833 Austin , TX 78746	e; Zip Co	ode							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	hedule)	(b)		, тх,	de of Texas. Comple officeholder living ex				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ıght			Office held				
	Date		Payee name									
	10/29/2024		Medina, Estephany									
	Amount (\$) \$210.00		Payee address; City; State	e; Zip Co	ode							
			ТХ									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	hedule)	(b)		, TX,	de of Texas. Complet officeholder living ex				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ught			Office held				
	Date		Payee name									
	12/03/2024		Mexican American Legislative Caucus	6								
	Amount (\$) \$750.00		Payee address; City; State	e; Zip Co	ode							
			ТХ									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Fees	hedule)	(b)			de of Texas. Comple officeholder living ex				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ight			Office held				

			E	XPENDITURE	CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/ Gift/A ttee Legal	Expense Beverage Expense wards/Memorials Ex Services Instruction Guid		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	se	Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	12 FI						3 Filer ID (Ethics Commission File				
1	Sch: 23/36 Rpt: 40/53			es Jr., Heriberto (The Honorable)								
4	Date	5 Pa	ayee name									
	10/29/2024		orales, Dina									
6	Amount (\$) \$96.00	7 Pa	ayee address; K	City;	State;	Zip Cod	e					
8	PURPOSE	(a) Ca	ategory (See Cat	egories listed at the	top of this sche	edule) (b) Description	1				
	OF EXPENDITURE		alaries/Wages					ustin, TX	ide of Texas. Com , officeholder living			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeho	lder name	C	Office soug	ht		Office he	eld		
	Date	Pa	ayee name									
	12/12/2024	М	oreno, Sonia									
	Amount (\$)	Pa	ayee address;	City;	State;	Zip Cod	е				-	
	\$150.00		93 Westlakes agle Pass, TX	78852								
	PURPOSE OF EXPENDITURE		ategory _{(See Cat} pan Repaymer			edule) (avel outs ustin, TX	ide of Texas. Com , officeholder living I rSement			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeho	lder name	С	Office soug	ht		Office he	eld		
	Date	Pa	ayee name								٦	
	12/06/2024		oreno, Sonia									
	Amount (\$) \$20.00		ayee address; 93 Westlakes	City;	State;	Zip Cod	e					
		Ea	agle Pass, TX	78852		·						
	PURPOSE OF EXPENDITURE		ategory _{(See Cat} oan Repaymer			edule) (avel outsi ustin, TX	ide of Texas. Com , officeholder living : gas			
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeho	lder name	C	Office soug	ht		Office he	eld	-	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Sch: 24/36 Rpt: 41/53	Morales Jr., Heriberto (The Honorable)	00084305
4	Date	5 Payee name	
	11/07/2024	NEW VISION MANAGEMENT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,200.00		
		тх	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		l outside of Texas. Complete Schedule T.
	-		in, TX, officeholder living expense
		РНОТОВОС	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/30/2024	OCA, JOEL	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$417.00		
	PUPPoor	TX 78852	
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense NG
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/08/2024	OCA, JOEL	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00		
		ТХ	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
			l outside of Texas. Complete Schedule T.
	EXPENDITURE		in, 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)							
-	Sch: 25/36 Rpt: 42/53	Morales Jr., Heriberto (The Honorable)	00084305							
4	Date	5 Payee name								
	10/29/2024	PENA, Guillermo								
6	Amount (\$) \$170.00	7 Payee address; City; State; Zip Code TX								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/08/2024	PENA, VERONICA								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$342.00	тх								
	PURPOSE OF EXPENDITURE		outside 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								
	10/29/2024	PEREZ, JOSE LUIZ								
	Amount (\$) \$750.00	Payee address; City; State; Zip Code								
		ТХ								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense n work							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 26/36 Rpt: 43/53	Morales Jr., Heriberto (The Honorable)	00084305									
4	Date	5 Payee name										
	11/05/2024	PEREZ, JOSE LUIZ										
6	Amount (\$) \$750.00	Payee address; City; State; Zip Code										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Salaries/Wages/Contract Labor	utside of Texas. Complete Schedule T. TX, officeholder living expense IGNS									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	11/17/2024	PEREZ, JOSE LUIZ										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$1,000.00	ТХ										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense JP REMOVAL									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	10/29/2024	Pena, Cynthia										
	Amount (\$) \$330.00	Payee address; City; State; Zip Code										
		тх										
	PURPOSE OF EXPENDITURE		 b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense phone banking 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

			E	XPENDITURE	CATEGOF	RIES FOR	BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food, Gift/A ttee Legal	Expense Beverage Expense wards/Memorials Exp Services Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	head/ ense pense ages/(Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
1	Total pages Schedule F1:	ן בו			C CAPILLI				3	Filer ID	(Ethics C	commission Filers)
1	Sch: 27/36 Rpt: 44/53		Morales Jr., Heriberto (The Honorable) 00084305							(Ethos C		
4	Date	5 Pa	ayee name									
	11/04/2024		erez, Mayra									
6	Amount (\$) \$600.00	7 Pa T)	ayee address; ∢	City;	State;	Zip Coo	le					
8	PURPOSE	(a) Cá	ategory (See Cat	egories listed at the t	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE			/Contract Lab						de of Texas. Com officeholder living		ule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeho	lder name	C	Office soug	jht			Office he	eld	
	Date	Pa	ayee name									
	10/31/2024	R/	AMOS, ROSA	LINDA								
	Amount (\$)	Pa	yee address;	City;	State;	Zip Coo	le					
	\$20.00	T										
	PURPOSE OF EXPENDITURE		ategory _{(See Cat} ood/Beverage	egories listed at the t Expense	op of this sche	edule)	[[de of Texas. Com officeholder living		Jle T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeho	lder name	C	Office soug	jht			Office he	eld	
	Date	Pa	ayee name							-	_	
	10/31/2024	R	ODRIGUEZ, K	RISTEN								
	Amount (\$) \$65.00	Pa	ayee address;	City;	State;	Zip Coo	le					
		т	<									
	PURPOSE OF EXPENDITURE			egories listed at the t /Contract Lab		edule)			, TX,	de of Texas. Com officeholder living		JIE T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeho	lder name	С	Office soug	jht			Office he	eld	

		EXPENDITURE CAT	EGORIES FOR E	3OX 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 mittee Legal Services The Instruction Guide exp	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/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:				3 Filer ID (Ethics Commission Filers)							
-	Sch: 28/36 Rpt: 45/53		orales Jr., Heriberto (The Honorable)									
4	Date	Payee name										
	10/29/2024	Ramon, Rosalia										
6	Amount (\$) \$40.00	Payee address; City; State; Zip Code Eagle Pass, TX										
8	PURPOSE) Description								
0	OF	Category (See Categories listed at the top of Food/Beverage Expense	this schedule)	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense Daign							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sough	t	Office held							
	Date	Payee name										
	11/04/2024	Reyes, Aracely										
	Amount (\$)	Payee address; City;	State; Zip Code	;								
	\$220.50	PO BOX 1293 Eagle Pass, TX 78852										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule) (b		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name	Office sough	t	Office held							
	Date	Payee name										
	10/29/2024	Reyes, Aracely										
	Amount (\$) \$414.00	Payee address; City;	State; Zip Code									
		ГХ										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule) (b		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name	Office sough	t	Office held							

			E	XPENDITURE	CATEGOF	RIES FOR	вох	8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/A ttee Lega	Expense /Beverage Expense wards/Memorials Ex Services Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	nead/Re ense ense iges/Co	eeimbursement ental Expense ontract Labor this form.		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Re trict	elated Expense
1	Total pages Schedule F1:	2 51					2	Filer ID	(Ethics Co	mmission Filers)		
1	Sch: 29/36 Rpt: 46/53	1		riberto (The H	onorable))				00084305		
4	Date	5 Pa	iyee name									
	10/29/2024	Ri	oz, Graciela									
6	Amount (\$) \$100.00	7 Pa T>	iyee address; K	City;	State;	; Zip Cod	e					
8	PURPOSE	(a) Ca	ategory (See Cat	egories listed at the t	top of this sch	edule)	b) De	escription				
	OF EXPENDITURE			/Contract Lab		edule)		Check if travel of		de of Texas. Com officeholder living		• Т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ididate/Officeho	lder name	C	Office soug	ht			Office he	eld	
	Date	Pa	iyee name									
	11/06/2024	Ri	oz, Graciela									
	Amount (\$) \$600.00	Pa	iyee address;	City;	State;	; Zip Cod	е					
		Т										
	PURPOSE OF EXPENDITURE			egories listed at the t		edule)		4		de of Texas. Com officeholder living		э т .
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ididate/Officeho	lder name	C	Office soug	ht			Office he	eld	
	Date	Pa	iyee name									
	11/01/2024	1	ALDANA, LOY	′DA								
	Amount (\$) \$250.00	Pa	iyee address;	City;	State;	; Zip Cod	e					
		т>	<									
	PURPOSE OF EXPENDITURE			egories listed at the t	•	edule) (4	, TX,	de of Texas. Com officeholder living		э т .
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ididate/Officeho	lder name	C	Office soug	ht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide ex	Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/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:	ILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 30/36 Rpt: 47/53	Norales Jr., Heriberto (The Hono	rable)		00084305							
4	Date 10/31/2024	Payee name SANCHEZ, DIANA										
6	Amount (\$) \$370.00	Payee address; City; TX	State; Zip Cod	e								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description 												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office soug	nt	Office held							
	Date	Payee name										
	11/08/2024	SERRANO, MARIA										
	Amount (\$) \$250.00	Payee address; City;	State; Zip Cod	e								
		TX										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule)		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Office soug	nt	Office held							
	Date	Payee name										
	10/29/2024	Salazar, Alma										
	Amount (\$) \$385.00	Payee address; City;	State; Zip Cod	e								
		⊤X										
	PURPOSE OF EXPENDITURE	outside of Texas. Complete Schedule T. , TX, officeholder living expense										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office soug	nt	Office held							

			I	EXPENDITURE	CATEGOR	RIES FOR	во	X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/ Lega	l/Beverage Expense Awards/Memorials Ex I Services		Office Over Polling Exp Printing Exp Salaries/Wa	rhead lense pense ages/	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related E			
1	Total pages Schedule F1:	2 []	The Instruction Guide explains how to complete this form.							3 Filer ID (Ethics Commission Filers)				
1	Sch: 31/36 Rpt: 48/53			riberto (The H	lonorable)	1			3	00084305				
4	Date	5 Pa	ayee name											
	11/07/2024	Si	alazar, Alma											
6	Amount (\$) \$570.00	7 Pa	ayee address; X	City;	State;	Zip Coo	de							
8	PURPOSE	(a) Ca	ategory (See Ca	tegories listed at the	top of this sche	edule)	(b)	Description						
	OF EXPENDITURE			S/Contract Lab		,		Check if travel		de of Texas. Com officeholder living				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeh	older name	C	Office soug	ght			Office he	eld			
	Date	Pa	ayee name											
	11/07/2024	SI	witchboard											
	Amount (\$)	Pa	ayee address;	City;	State;	Zip Coo	de							
	\$1,153.02	T					<u> </u>							
	PURPOSE OF EXPENDITURE		ategory _{(See Ca} rinting Expens	tegories listed at the S C	top of this sch	edule)				de of Texas. Com officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeh	older name	C	Office soug	ght			Office he	eld			
	Date	Pa	ayee name							-				
	10/31/2024	T/	APIA, GUISE	A										
	Amount (\$) \$175.00	Pa	ayee address;	City;	State;	Zip Coo	de							
		T)	x											
	PURPOSE OF EXPENDITURE			tegories listed at the s/Contract Lab		edule)			, TX,	de of Texas. Com officeholder living	plete Schedule T. J expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeh	older name	C	Office soug	ght			Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schodula E1:		-						
1	Total pages Schedule F1: Sch: 32/36 Rpt: 49/53	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Morales Jr., Heriberto (The Honorable) 00084305							
4	Date	Payee name							
	11/07/2024	TAPIA, GUISELA							
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code TX							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-						
U	OF	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name	٦						
	12/03/2024	Texas House Dem Caucus							
	Amount (\$)	Payee address; City; State; Zip Code	۲						
	\$1,500.00	Austin, TX 78701							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership dues 							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held									
	Date Payee name								
	11/06/2024	The Wagon Wheel							
	Amount (\$)	Payee address; City; State; Zip Code	-						
	\$900.00	1824 Del Rio Blvd							
		Eagle Pass, TX 78852							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD FOR GOTV 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Office Stepense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 33/36 Rpt: 50/53	Morales Jr., Heriberto (The Honorable)	00084305						
4	Date	5 Payee name							
	11/08/2024	VALENZUELA, ALMA							
6	Amount (\$) \$120.00	7 Payee address; City; State; Zip Code							
		тх							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV							
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								
	Date	Payee name							
	11/04/2024	VALLEJO, JESUS							
	Amount (\$) \$430.00	Payee address; City; State; Zip Code							
		ТХ							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense RINKS AND FRUIT CUPS FOR EVENT						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held									
Date Payee name									
	11/01/2024	VEGA, LAURA							
	Amount (\$) \$220.00	Payee address; City; State; Zip Code							
ТХ									
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment		Event Expense Fees Food/Beverage Expense - Gift/Awards/Memorials Expense Committee Legal Services		Loan Repayment/Reinbursement 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)		
_	T ist server Oakadula E1.			truction Guide explains		npiete uns	10rm.	<u> </u>	="	(Ethics Occurringian Filoro)	
1	Total pages Schedule F1: Sch: 34/36 Rpt: 51/53		AME ; Jr., Heriberto (The Honorable)				Filer ID 00084305	(Ethics Commission Filers)			
4	Date	5	Payee name								
	10/29/2024	Vega, Karina									
6	Amount (\$) \$306.00		7 Payee address; City; State; Zip Code								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense phone banking 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholde	r name	Office sou	lht			Office hel	ld	
	Date		Payee name								
	11/08/2024		Vega, Karina								
	Amount (\$) \$320.00		Payee address; (City; State	e; Zip Coo	le					
			ТХ								
	PURPOSE OF EXPENDITURE		Category _{(See Categor} Salaries/Wages/Co	ies listed at the top of this sc ontract Labor	hedule)	Che	eck if travel o	, TX, (le of Texas. Comp officeholder living (
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held				ld							
	Date		Payee name								
	12/11/2024		Wayfair								
	Amount (\$) \$786.95		Payee address; 0	City; State	e; Zip Coo	le					
			ТХ								
	PURPOSE OF EXPENDITURE		Category _{(See Categor} Office Overhead/R	ies listed at the top of this sci ental Expense	hedule)	Che	eck if travel o		le of Texas. Comp officeholder living (
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholde	r name	Office souç	lht			Office hel	ld	

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 35/36 Rpt: 52/53	Morales Jr., Heriberto (The Honorable)	00084305				
4	Date 12/20/2024	5 Payee name amazon					
6	Amount (\$) \$1,441.00	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle 98109, WA Seattle, WA 98109					
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office furniture 					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/12/2024	carbajal, Itzel					
	Amount (\$) \$77.00	Payee address; City; State; Zip Code					
		ТХ					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
Date Payee name							
	11/04/2024	carbajal, Itzel					
	Amount (\$) \$571.76	Payee address; City; State; Zip Code					
		тх					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Walker				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
	creat card r dyment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 36/36 Rpt: 53/53	Morales Jr., Heriberto (The Honorable) 00084305						
4	Date	5 Payee name						
	10/29/2024	hernandez, Kassandra						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
Ū	\$80.00	TX						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense phone bank 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						