CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Commis 00083199 | sion Filers) | 2 Total pages file | | | |
|-------------------------------|-----------------------------|------------------|--|-------------------|---------------------------------------|-----------------|--|--|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | ISE ONLY | | |
| OFFICEHOLDER NAME | The Honorable | Christina | | | Date Received ELECTRONICA | LLY FILED | | |
| | NICKNAME | LAST | | SUFFIX | 01/14/2025 | | | |
| | | Morales | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or | Date Postmarked | | |
| MAILING ADDRESS | 2901 Canal St. | | | | Receipt # | Amount | | |
| Change of Address | Houston, TX 77003 | | | | | | | |
| 🗀 🐧 | Tiousion, 1X 11000 | | | | Date Processed | | | |
| | | | | | Date Imaged | | | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | | | |
| TREASURER NAME | Ms. | Graciela G. | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | | | |
| | INICINAIVIL | Saenz | | 30111X | | | | |
| | | Oddie | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | APT | / SUITE #; CITY; | STA | TE; ZIP CODE | | |
| TREASURER ADDRESS | 5503 Lawndale St. | | | | | | | |
| (Residence or Business) | Houston, TX 77023 | | | | | | | |
| | | | | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | IE NUMBER E | EXTENSION | | | | | |
| TREASURER PHONE | (281) 888-4409 | | | | | | | |
| 8 REPORT TYPE | | 7 | 🗖 | - <i>"</i> | 7 | | | |
| ''''- | X January 15 | 30th day before | election | Runoff | 15th day after can appointment (offic | | | |
| | July 15 | 8th day before 6 | | Exceeded modified | Final Report (Atta | ch C/OH-FR) | | |
| | | | | reporting limit | | | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | | | |
| COVERED | 07/01/2024 | TH | IROUGH | 12/31/202 | 24 | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | | |
| | Month Day Year | Pı | rimary | Runoff | Other | | | |
| | | □G | eneral | Special | | | | |
| | | | | _ | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | | | | |
| | State Representative Distr | rict 145 Harris | | State Represent | ative District 145 | | | |
| | 1 | | | I | | | | |
| | GO TO PAGE 2 | | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 40

| 13 C / OH NAME | OH NAME Morales, Christina (The Honorable) 14 Filer ID 00083199 | | | | | |
|--|--|--|-----------------------------|-----------------------|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this informati | t the candidate's or office | holder's knowledge or | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRE | ESS | | | |
| 16 CONTRIBUTION TOTALS | AN PLEDGES, LOANS, ECTRONICALLY) | \$ 0.00 | | | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN | IS) | \$ 45,639.00 | | |
| EXPENDITURE TOTALS | | | | | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 41,259.98 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD | LAST DAY OF THE | \$ 61,067.41 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD | S OF THE LAST DAY | \$ 5,000.00 | | |
| 17 AFFIDAVIT | | I swear, or affirm, under pena true and correct and includes under Title 15, Election Code. | all information required to | | | |
| | | The Hon | orable Christina Morale | es | | |
| | | Signature | of Candidate or Officehold | der | | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | |
| Sworn to and subs | day | | | | | |
| | cer administering | ertify which, witness my hand and seal of office. Printed name of officer administering | Title of officer | administering oath | | |
| Signature of Offi | cei auministenny | Finited name of onicer administering | Title of officer | auministering Udin | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | C | OVER S | HEET PG 3 3 of 40 |
|----|--|---|------------------|--------|--------------------------|
| | ER NAM | (Ethics Co | mmission Filers) | | |
| | | E SUBTOTALS SCHEDULE | | SUBT | OTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 43,550.00 |
| 2. | X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 2,089.00 |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | . X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | | 41,259.98 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10 | . 🔲 | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11 | . 🔲 | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 12 | . 🔲 | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
| | | | | | |
| | | | | | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUI | LE A1 |
|---|---------------------------|---|---|---|---|--------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/13 Rpt: 4/40 | |
| 2 | FILER NAME Morales, Ch | ristina (The Honorable) | | 3 | Filer ID (Ethics Commission 00083199 | on Filers) |
| 4 | Date 12/03/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$500.00 |
| _ | Deinsinal assu | Abbott Park, IL 60064 | O Familia var (Coo la atrustia an | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 07/19/2024 | Full name of contributor out-of-state PAC (ID#:_ Associated General Contractors of Texas-PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Austin, TX 78768 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/03/2024 | Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/10/2024 | Full name of contributor out-of-state PAC (ID#:_ Bnsf Railpac Contributor address; City; State; Zip Code Austin, TX 78701 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_Branch III, Theldon Contributor address; City; State; Zip Code Houston, TX 77025 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | pation / Job title (See Instructions) nd Chief Executive Officer | Employer (See Instructions The Branch Companies |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDUI | LE A1 |
|---|----------------------------|---|----------|--|----------------|---|--------------|
| | The Instru | ction Guide explains how to complete this f | orı | m. | 1 | Total pages Schedule A1: Sch: 2/13 Rpt: 5/40 | |
| 2 | FILER NAME Morales, Chi | ristina (The Honorable) | | | 3 | Filer ID (Ethics Commission 00083199 | on Filers) |
| 4 | Date 10/07/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Campos, Lorena 6 Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$250.00 |
| | | Austin, TX 78701 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions Graduation Alliance | 5) | | |
| | Date 12/02/2024 | Full name of contributor out-of-state PAC (ID#:_Capo, Zeph Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$500.00 |
| | | Bastrop, TX 78602 | | | L | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 12/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Career Colleges & Schools of Texas (PAC) Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 11/20/2024 | Full name of contributor out-of-state PAC (ID#:_ Centerpoint Energy, Inc. PAC Contributor address; City; State; Zip Code Houston, TX 77210 | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (ID#:_ Chevron Employees PAC Contributor address; City; State; Zip Code San Ramon, CA 94583 | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>L</u> 5) | | |
| | | | <u> </u> | | | | |

| | MONET | ARY POLITICAL CONTRIBU | TION | IS | | SCHEDUI | E A1 |
|---|----------------------------|--|---------|---------------------------------------|---|---|------------|
| | The Instru | ction Guide explains how to complete th | his for | m. | 1 | Total pages Schedule A1: Sch: 3/13 Rpt: 6/40 | |
| 2 | FILER NAME Morales, Chi | istina (The Honorable) | | | 3 | Filer ID (Ethics Commission 00083199 | on Filers) |
| 4 | Date 10/11/2024 | Full name of contributor | c | | 7 | Amount of Contribution (\$) | \$1,500.00 |
| 8 | Principal occu Director | Philadelphia, PA 19103 pation / Job title (See Instructions) | 9 | Employer (See Instructions Comcast | <u> </u> 5) | | |
| | Date 12/14/2024 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Washington, DC 20001 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Date 12/13/2024 | Full name of contributor uut-of-state PAC De La Rosa, Erika Contributor address; City; State; Zip Code | (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Houston, TX 77023 pation / Job title (See Instructions) | | Employer (See Instructions | - s) | | |
| | Date 12/14/2024 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Houston, TX 77003 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC Entre Strategic Partners LLC Contributor address; City; State; Zip Code Dallas, TX 75219 | (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>(</u> | | |
| | | | • | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUL | E A1 |
|---|----------------------------------|--|-----|--|----|---|------------|
| | The Instru | ction Guide explains how to complete this f | orı | m. | 1 | Total pages Schedule A1: Sch: 4/13 Rpt: 7/40 | |
| 2 | FILER NAME Morales, Chi | ristina (The Honorable) | | | 3 | Filer ID (Ethics Commission 00083199 | on Filers) |
| 4 | Date 12/03/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$1,250.00 |
| | | Austin, TX 78701 | _ | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions Texas Association of Ma | | ıfacturers | |
| | Date 07/02/2024 | Full name of contributor out-of-state PAC (ID#:_ Graves, Jimmy Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$250.00 |
| | | Houston, TX 77023 | _ | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (ID#:_ Greenberg Traurig, P.A. PAC Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$750.00 |
| | | Albany, NY 12207 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | i) | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code Houston, TX 77077 | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Director | pation / Job title (See Instructions) | | Employer (See Instructions The Fredrick Group, Inc | | | |
| | Date 10/15/2024 | Full name of contributor out-of-state PAC (ID#:_ Hillco Pac Contributor address; City; State; Zip Code Austin, TX 78701 | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | () | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUI | LE A1 |
|---|--------------------------------|--|---|-------|---|--------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/13 Rpt: 8/40 | |
| 2 | FILER NAME Morales, Ch | ristina (The Honorable) | | 3 | Filer ID (Ethics Commission 00083199 | on Filers) |
| 4 | Date 11/20/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Houston Pilots PAC 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$500.00 |
| _ | | Deer Park, TX 77536 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 12/10/2024 | Full name of contributor out-of-state PAC (ID#:_ Independent Bankers Association of Texas PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 12/10/2024 | Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | Eagle Pass, TX 78852 | Employer (See Instructions |) | | |
| | Timolpai ooda | pation 7 cos title (ecc metadotorie) | Employer (eee medacione | ·) | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (ID#:_Locke Lord LLP Contributor address; City; State; Zip Code Dallas, TX 75201 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 10/03/2024 | Full name of contributor out-of-state PAC (ID#:_Lopez-Guerra, Ricardo Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Vice Preside | pation / Job title (See Instructions) ent | Employer (See Instructions Strategic Public Affairs, | | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULI | E A1 |
|---|---------------------------|---|-------------------------------|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 6/13 Rpt: 9/40 | |
| 2 | FILER NAME Morales, Ch | ristina (The Honorable) | | 3 | Filer ID (Ethics Commission 00083199 | ı Filers) |
| 4 | Date 07/30/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | Point in all a servi | Denton, TX 76210 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | Dringing occu | Denton, TX 76210 | Employer (See Instructions | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | | Denton, TX 76210 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 10/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Denton, TX 76210 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | , | | | | |
| | Date 11/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison Contributor address; City; State; Zip Code Denton, TX 76210 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | | | |
|---|---------------------------|--|---|---|--|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 7/13 Rpt: 10/40 | |
| 2 | FILER NAME Morales, Ch | ristina (The Honorable) | | 3 | Filer ID (Ethics Commission 00083199 | on Filers) |
| 4 | Date 12/02/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | <u> </u> | Houston, TX 77069 | 10 - 1 (0 1 1 1 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 10/03/2024 | Full name of contributor out-of-state PAC (ID#:_ McGuire Woods Federal PAC Fund Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Richmond, VA 23219 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | , | ļ - 1,7 - (- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | , | | |
| | Date 10/15/2024 | Full name of contributor out-of-state PAC (ID#:_ Miller, Bill Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Austin, TX 78703 | | | | |
| | Principal occu Founder | pation / Job title (See Instructions) | Employer (See Instructions HillCo |) | | |
| | Date 12/10/2024 | Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78746 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/09/2024 | Full name of contributor out-of-state PAC (ID#:_NRG Energy PAC Contributor address; City; State; Zip Code Princeton, NJ 08540-6213 | | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu Manager | pation / Job title (See Instructions) | Employer (See Instructions NRG |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | | | |
|---|------------------------------|--|--|--|-----------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/40 | | |
| 2 | FILER NAME Morales, Chi | ristina (The Honorable) | | 3 Filer ID (Ethics Commission 00083199 | n Filers) | |
| 4 | Date 12/02/2024 | 5 Full name of contributor out-of-state PAC (ID#:_Noriega, Melissa 6 Contributor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) | \$50.00 | |
| _ | | Houston, TX 77023 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (ID#:_ PAC of The Independent Insurance Agents of T Contributor address; City; State; Zip Code Austin, TX 78701 | | Amount of Contribution (\$) | \$500.00 | |
| | Principal occu Governemer | pation / Job title (See Instructions) | Employer (See Instructions Independent Insurance A | | | |
| | Date 10/30/2024 | Full name of contributor out-of-state PAC (ID#:_Rodriguez, James Contributor address; City; State; Zip Code Houston, TX 77062 | | Amount of Contribution (\$) | \$250.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/03/2024 | Full name of contributor out-of-state PAC (ID#:_ Ron Lewis and Associates Political Fund Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$500.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/02/2024 | Full name of contributor out-of-state PAC (ID#:_Saenz, Graciela Contributor address; City; State; Zip Code Houston, TX 77023 |) | Amount of Contribution (\$) | \$250.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | |
|---|---------------------------|--|------------------------------|-------------|--|-----------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 9/13 Rpt: 12/40 | |
| 2 | FILER NAME Morales, Ch | ristina (The Honorable) | | 3 | Filer ID (Ethics Commission 00083199 | n Filers) |
| 4 | Date 10/07/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$500.00 |
| • | Dringing ogg | Austin, TX 78749 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 10/03/2024 | Full name of contributor out-of-state PAC (ID#:_Smith, Robert Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$500.00 |
| | | DALLAS, TX 75230 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/03/2024 | Full name of contributor out-of-state PAC (ID#:_ TEXAS LEADS PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78767 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 11/05/2024 | Full name of contributor out-of-state PAC (ID#:_ Tamez, Adriana Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$150.00 |
| | Principal occu | Houston, TX 77019 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | · | , | | | | |
| | Date 12/10/2024 | Full name of contributor out-of-state PAC (ID#: Targa Resources Corp. Texas PAC Contributor address; City; State; Zip Code Houston, TX 77002 |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUI | LE A1 | |
|---|---|--|-------------------------------|---|--------------------------------------|------------|
| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 10/13 Rpt: 13/40 | | |
| 2 | FILER NAME Morales, Ch | ristina (The Honorable) | | 3 | Filer ID (Ethics Commission 00083199 | on Filers) |
| 4 | Date 11/20/2024 | 5 Full name of contributor out-of-state PAC (ID#:) | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| _ | | Austin, TX 78701 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date Og/17/2024 Full name of contributor out-of-state PAC (ID#:) Texas Automobile Dealers Association, PAC Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See I | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 09/03/2024 Texas Democratic Women Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Austin, TX 78703 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | , | | | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78704 |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703 |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | | SCHEDULE A1 | | | |
|---|---|---|---|--|---------------|--------------------------------------|------------|
| | The Instru | ction Guide explains how | 1 | Total pages Schedule A1: Sch: 11/13 Rpt: 14/40 | | | |
| 2 | FILER NAME Morales, Chi | ristina (The Honorable) | | | 3 | Filer ID (Ethics Commission 00083199 | on Filers) |
| 4 | Date 12/10/2024 | 5 Full name of contributorTexas Medical Association6 Contributor address; City; Sta | | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Austin, TX 78701-1680 | | | | | |
| 8 | Principal occu Director | pation / Job title (See Instructions) | 9 | Employer (See Instructions TEXPAC | 5) | | |
| | Date 12/14/2024 | Full name of contributor Texas Optometric PAC Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| _ | Austin, TX 78705 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | <u> </u> | | |
| | Date 12/12/2024 | Full name of contributor Texas State Teachers Ass Contributor address; City; Sta | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | | Employer (See Instructions | - s) | | |
| | Date 12/03/2024 | Full name of contributor Texas Trial Lawyers Assoc Contributor address; City; Sta | |) | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu Director | pation / Job title (See Instructions) | | Employer (See Instructions Texas Trial Lawyers Ass | | iation | |
| | Date Full name of contributor out-of-state PAC (ID#:) 10/23/2024 Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu Director | pation / Job title (See Instructions) | | Employer (See Instructions Texas Trial Lawyers Ass | | iation | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | LE A1 | | |
|------------------------|---|---|---|---|--------------------------------------|------------|
| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 12/13 Rpt: 15/40 | | |
| 2 | FILER NAME Morales, Ch | ristina (The Honorable) | | 3 | Filer ID (Ethics Commission 00083199 | on Filers) |
| 4 | Date 10/11/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ The Home Depot Inc. PAC 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| • | Dringing occur | Washington, DC 20004 | Employer (See Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 07/30/2024 | | | | Amount of Contribution (\$) | \$750.00 |
| | Dringing age | Chicago, IL 60622 | Employer (See Instruction | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/14/2024 University of Houston PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$2,500.00 | |
| | | Houston, TX 77227 | | | | |
| | Principal occu Chairman | pation / Job title (See Instructions) | Employer (See Instructions University of Houston |) | | |
| Date 12/14/2024 | | Full name of contributor out-of-state PAC (ID#:) 4/2024 Valero PAC Contributor address; City; State; Zip Code San Antonio, TX 78269 | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 10/11/2024 Vistra Energy Leaders Political Action Committee of Vistra Corp Contributor address; City; State; Zip Code Irving, TX 75039 | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|--|---|
| | The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/40 |
| | FILER NAME Morales, Christina (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00083199 |
| | Date 5 Full name of contributor out-of-state PAC (ID#: 12/14/2024 Waste Management Employees Better Government F 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution (\$) |
| | Washington, DC 20004 | |
| 8 | | ployer (See Instructions) aste Management |
| | Date Full name of contributor out-of-state PAC (ID#: 12/03/2024 |) Amount of Contribution (\$) \$1,000.00 |
| | | ployer (See Instructions) nolesale Beer Distributors of Texas |
| | | |

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/40 FILER NAME 3 Filer ID (Ethics Commission Filers) Morales, Christina (The Honorable) 00083199 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/26/2024 Texas Organizing Project PAC \$2,089.00 Printing, Advertising, and 7 Contributor address; City; State; Zip Code staff time in support of reelection San Antonio, TX 78212 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/22 Rpt: 18/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 11/04/2024 | A Tale of Two Bridges |
| 6 | Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 784 Nicholson St Houston, TX 77007 |
| 8 | 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 Donation to General Fund |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| F | Date | Payee name |
| | 08/26/2024 | Aceves Communication, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5,339.00 | PO Box 6514 |
| | | Houston, TX 77265 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense General Consulting and mail |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/14/2024 | ActBlue |
| | Amount (\$) \$136.33 | Payee address; City; State; Zip Code PO Box 441146 |
| | | Somerville, MA 02144 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 7/1 - 12/14/2024 |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|---|--|--|
| _ | | The Instruction Guide explains how to complete this form. |
| 1 | Total pages Schedule F1: | |
| | Sch: 2/22 Rpt: 19/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 10/16/2024 | Alley Theatre |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$288.16 | 615 Texas Ave |
| | | |
| | | Houston, TX 77002 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | LAI LINDITORE | Candidate/Officeholder/Political Committee |
| | | Tickets Hispanic Heritage Event |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | CAPERIORALE TO DETIRIT C/OF | |
| | Date | Payee name |
| L | 08/29/2024 | Alley Theatre |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 615 Texas Ave |
| | | |
| | | Houston, TX 77002 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | Event Donation Supporting Screening Event |
| | Complete ONLY if alice -t | Condidate/Officeholder name Office equality Office hald |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | Dete | |
| | Date | Payee name |
| | 12/31/2024 | Amegy Bank |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2.00 | 1717 West Loop S |
| | | |
| | | Houston, TX 77027 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Paper Statement Fee |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| l | Credit Card Payment | The Instruction Guide explains how to con | nple | ete this form. |
|----------|--|--|---------------------------------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| l | Sch: 3/22 Rpt: 20/40 | Morales, Christina (The Honorable) | | 00083199 |
| 4 | Date | 5 Payee name | | ' |
| | 11/29/2024 | Amegy Bank | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Coo | de | |
| l | \$2.00 | 1717 West Loop S | | |
| | | | | |
| | | Houston, TX 77027 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Accounting/Banking | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | Check if Austin, TX, officeholder living expense Paper Statement Fee |
| | | | | rapei Statement ree |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office souc | thr | Office held |
| ľ | expenditure to benefit C/O | | J. 10 | Office field |
| H | Date | Payee name | | |
| | 10/31/2024 | Amegy Bank | | |
| ┝ | Amount (\$) | Payee address; City; State; Zip Coo | do | |
| l | \$2.00 | 1717 West Loop S | ue | |
| | Ψ2.00 | 1717 West 200p 3 | | |
| | | Houston TV 77027 | | |
| L | | Houston, TX 77027 | <i>a</i> > | |
| | PURPOSE OF | | (D) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Accounting/Banking | | Check if Austin, TX, officeholder living expense |
| | | | | Paper Statement Fee |
| L | | | | |
| l | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office soug | ght | Office held |
| L | experialitate to benefit C/O | 1 | | |
| l | Date | Payee name | | |
| | 09/30/2024 | Amegy Bank | | |
| l | Amount (\$) | Payee address; City; State; Zip Coo | de | |
| l | \$2.00 | 1717 West Loop S | | |
| | | | | |
| | | Houston, TX 77027 | | |
| l | PURPOSE | , | (b) | Description |
| l | OF EXPENDITURE | Accounting/Banking | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| l | | | | Paper Statement Fee |
| | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office soug | ght | Office held |
| | expenditure to benefit C/O | | | |
| H | | | | |
| | | | | |
| L | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Gift/Awards/Memorials Ex Legal Services The Instruction Guid | | | ages | /Contract Labor | | Travel Out of Di OTHER (enter a | strict a category not listed | above) |
|---|--|----------------|--|------------------|----------------|-------|-----------------|-------------|------------------------------------|---------------------------------|---------------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | | | 3 | Filer ID | (Ethics Commi | ssion Filers) |
| | Sch: 4/22 Rpt: 21/40 | 1 | Christina (The Hono | orable) | | | | | 00083199 | ` | , |
| 4 | Date | 5 Payee name | е | | | | | | | | |
| | 08/30/2024 | Amegy Ba | nk | | | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; | Zip Cod | le | | | | | |
| | \$2.00 | 1717 Wes | Loop S | | | | | | | | |
| | | | | | | | | | | | |
| | | Houston, 1 | X 77027 | | | | | | | | |
| 8 | PURPOSE | (a) Category (| See Categories listed at the | top of this sche | edule) (| (b) | Description | | | | |
| | OF EXPENDITURE | Accounting | | | | | = | | | nplete Schedule T. | |
| | | | | | | | Paper Staten | | , officeholder living | g expense | |
| İ | | | | | | | rapei Staten | IICI | it i ee | | |
| 9 | Complete ONLY if direct | Candidate/Of | ficeholder name | 0 | Office soug | ıht | | | Office h | eld. | |
| _ | expenditure to benefit C/O | | ncenoider name | | mce soug | J111C | | | Office III | eiu | |
| | Date | Payee name | e | | | | | | | | |
| | 07/31/2024 | Amegy Ba | nk | | | | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; | Zip Cod | de | | | | | |
| | \$2.00 | 1717 Wes | Loop S | | | | | | | | |
| | | | | | | | | | | | |
| | | Houston, 7 | X 77027 | | | | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the | top of this sche | edule) (| (b) | Description | | | | |
| | OF EXPENDITURE | Accounting | | | | | = | | | nplete Schedule T. | |
| | | | | | | | | | , officeholder living | g expense | |
| | | | | | | | Paper Staten | IIEI | ii ree | | |
| _ | Complete ONLY if direct | Candidate/Of | ficeholder name | 0 | Office soug | ıht | | | Office h | eld | |
| | expenditure to benefit C/O | | | | | , | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 12/02/2024 | Amegy Ba | nk | | | | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; | Zip Cod | de | | | | | |
| | \$10.00 | 1717 Wes | Loop S | | | | | | | | |
| | | | | | | | | | | | |
| | | Houston, 1 | X 77027 | | | | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the | top of this sche | edule) (| (b) | Description | | | | |
| | OF EXPENDITURE | Accounting | g/Banking | | | | <u></u> | | | nplete Schedule T. | |
| | - | | | | | | Bank Card F | | , officeholder living | g expense | |
| | | | | | | | Dank Calu F | | | | |
| - | Complete ONLY if direct | Candidate/Of | ficeholder name | 0 | Office soug | ht | | | Office h | eld | |
| | expenditure to benefit C/O | | | | - 9 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | ontributions/ Donations Made By Candidate/Officeholder/Politica redit Card Payment | d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|-------------|--|--|
| | | The Instruction Guide explains how to complete this form. |
| | tal pages Schedule F1: | |
| | ch: 5/22 Rpt: 22/40 | Morales, Christina (The Honorable) 00083199 |
| 4 Da | ite | 5 Payee name |
| 11, | /01/2024 | Amegy Bank |
| 6 Am | nount (\$) | 7 Payee address; City; State; Zip Code |
| | \$10.00 | 1717 West Loop S |
| | | |
| | | Houston, TX 77027 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| F) | OF XPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | AL ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Bank Card Fee |
| | | |
| | omplete <u>ONLY</u> if direct penditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| evi | penditure to benefit C/Of | |
| Da | ite | Payee name |
| 10 | /01/2024 | Amegy Bank |
| Am | nount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | 1717 West Loop S |
| | | |
| | | Houston, TX 77027 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| F) | OF XPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | A LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Bank Card Fee |
| | | |
| | omplete <u>ONLY</u> if direct penditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| Da | | Payee name |
| 09 | /03/2024 | Amegy Bank |
| Am | nount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | 1717 West Loop S |
| | | |
| | | Houston, TX 77027 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF XPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | Z. LIDITONE | Check if Austin, TX, officeholder living expense |
| | | Bank Card Fee |
| Co | amplete ONLV if direct | Candidate/Officeholder name Office sought Office held |
| | omplete <u>ONLY</u> if direct penditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (partyr a category not listed above)

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| - | Total pages Cabadala Ed | |
| 1 | Total pages Schedule F1: Sch: 6/22 Rpt: 23/40 | 2 FILER NAME Morales, Christina (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083199 |
| 4 | Date | 5 Payee name |
| | 08/01/2024 | Amegy Bank |
| 6 | Amount (\$) \$10.00 | 7 Payee address; City; State; Zip Code 1717 West Loop S |
| | | Houston, TX 77027 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Card Fee |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 07/31/2024 | Biden Victory Fund |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 430 South Capitol Street SE |
| | | Washington, DC 20003 |
| | 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 Political Contribution |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 07/26/2024 | Clubs In Action |
| | Amount (\$) \$250.00 | Payee address; City; State; Zip Code 4619 Lyons Ave |
| | | Houston, TX 77020 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 7/22 Rpt: 24/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 09/10/2024 | Democratic National Committee |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,000.00 | 430 South Capitol Street SE |
| | | PO Box 96585 |
| | | Washington, DC 20077-7242 |
| 8 | PURPOSE | T ₁ . |
| ľ | OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | | Donation To National Committee |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 09/03/2024 | East End Alliance |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 6724 Sylvan Rd |
| | , , | |
| | | Houston, TX 77023 |
| | | 1 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Donation to General Fund |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Data | |
| | Date | Payee name |
| | 10/03/2024 | East Wood Civic Association |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | PO BOX 9043 |
| | | |
| | | Houston, TX 77261 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | LAFENDITORE | Candidate/Officeholder/Political Committee |
| | | Annual dues |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experience to beliefit 6/01 | |
| | | |
| I | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee | Legal Services The Instruction Guid | | Vages | /Contract Labor | | OTHER (enter a | category not listed above) |) |
|---|--|-----------------|--------------------------------------|-----------------------|------------------|-----------------|------|--|----------------------------|---------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | | 3 | Filer ID | (Ethics Commission | Filers) |
| | Sch: 8/22 Rpt: 25/40 | | – hristina (The Hond | orable) | | | | 00083199 | • | , |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 11/18/2024 | El Alma Ca | ıfe | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$163.51 | 1025 Barto | n Springs Rd | | | | | | | |
| | | | | | | | | | | |
| | | Austin, TX | 78704 | | | | | | | |
| 8 | PURPOSE OF | (a) Category (s | See Categories listed at the | top of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Food/Beve | rage Expense | | | | | de of Texas. Comp officeholder living | | |
| | | | | | | Meals in Aust | | onicendider living | expense | |
| | | | | | | Wedle III / Ide | | | | |
| 9 | Complete ONLY if direct | | ficeholder name | Office sou | l ıght | | | Office he | eld | |
| | expenditure to benefit C/OI | - | | | | | | | | |
| | Date | Payee name | , | | | | | | | |
| | 11/06/2024 | El Bolillo B | akery | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$98.09 | 2517 Airlin | e Dr | | | | | | | |
| | | | | | | | | | | |
| | | Houston, T | X 77009 | | | | | | | |
| | PURPOSE OF | (a) Category (s | See Categories listed at the | top of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Food/Beve | rage Expense | | | _ | | de of Texas. Comp | | |
| | | | | | | Constituents | | officeholder living | expense | |
| | | | | | | Constituents | | crit Outering | | |
| | Complete ONLY if direct | | ficeholder name | Office sou | <u>l</u> ıght | | | Office he | eld | |
| | expenditure to benefit C/OI | | | | | | | | | |
| | Date | Payee name | ; | | | | | | | |
| | 12/04/2024 | HDCC | | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$5,000.00 | 1106 Lava | ca St | | | | | | | |
| | | # 202 | | | | | | | | |
| | | Austin, TX | 78701 | | | | | | | |
| | PURPOSE | (a) Category (S | See Categories listed at the | top of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | ns/Donations Mad | | | | | de of Texas. Com | | |
| | | Candidate/ | Officeholder/Politic | cal Committee | | ш | , TX | officeholder living | expense | |
| | | | | | | Donation | | | | |
| L | Complete ONLY if direct | Candidate/Off | ficeholder name | Office sou | laht | | | Office he | ald. | |
| | expenditure to benefit C/O | | icchoidel Hallie | Office SUC | igiil | | | Onice ne | nu . | |
| _ | | | | | | | | | | |
| | | | | | | | | | | |
| l | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica | | | egal Services | | Printing Ex Salaries/W | | e /Contract Labor | | OTHER (enter a | strict category not listed abo | ove) |
|---|---|------------|-------------------------------|---------------------------|----------------------|---------------------------|------|--------------------------------|-------|---------------------|-----------------------------------|------------|
| | Credit Card Payment | | - | The Instruction Gu | iide explains ho | ow to cor | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 F | ILER NAME | | | | | | 3 | Filer ID | (Ethics Commissi | on Filers) |
| | Sch: 9/22 Rpt: 26/40 | ١ | Morales, Chr | ristina (The Hor | norable) | | | | | 00083199 | | |
| 4 | Date | 5 F | Payee name | | | | | | | | | |
| | 09/09/2024 | + | Harris Count | y Democratic F | arty | | | | | | | |
| 6 | Amount (\$) | 7 F | Payee addres: | s; City; | State; | Zip Co | de | | | | | |
| | \$250.00 | 4 | 4619 Lyons <i>i</i> | Ave | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX | 77020 | | | | | | | | |
| 8 | PURPOSE | - | | e Categories listed at th | a tan af this sahad | ula) | (b) | Description | | | | |
| | OF | | | s/Donations Ma | | uie) | (~) | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | fficeholder/Poli | | tee | | Check if Austin, | , TX, | officeholder living | g expense | |
| | | | | | | | | Gala Tickets | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Offic | eholder name | Off | fice sou | ght | | | Office he | eld | |
| | experiorare to benefit C/O | | | | | | | | | | | |
| | Date | F | Payee name | | | | | | | | | |
| | 08/23/2024 | + | Harris Victor | y Fund | | | | | | | | |
| | Amount (\$) | F | Payee address | s; City; | State; | Zip Co | de | | | | | |
| | \$44.00 | | 430 South C | Capitol Street S | E | | | | | | | |
| | | | | | | | | | | | | |
| | | ∖ | Washington, | DC 20003 | | | | | | | | |
| | PURPOSE | (a) (| Category (See | Categories listed at the | ne top of this sched | ule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Contributions | s/Donations Ma | ıde By | | | = | | | plete Schedule T. | |
| | | (| Candidate/O | fficeholder/Poli | tical Committ | tee | | Political Cont | | officeholder living | g expense | |
| | | | | | | | | Fullical Curi | .HDC | ation | | |
| _ | Complete ONLY if direct | | andidate/Offic | eholder name | Off | fice sou | aht | | | Office he | ald | |
| | expenditure to benefit C/OI | | andidate/Onic | cholder hame | Oil | noc sou | giit | | | Omice in | Sid | |
| _ | Date | _ | Davisa nama | | | | | | | | | |
| | 12/16/2024 | l | Payee name Horick, Leah | | | | | | | | | |
| | | _ | | | Ctata | Zin Co | do | | | | | |
| | Amount (\$) \$180.00 | l | Payee addres: 260 Old Stat | s; | State; | Zip Co | ue | | | | | |
| | φ100.00 | ′ | 200 Old Stat | e i ligilway 29 i | _ | | | | | | | |
| | | ؍ ا | Coorgotown | TV 70626 | | | | | | | | |
| | | | Georgetown, | | | | | | | | | |
| | PURPOSE OF | | | Categories listed at the | | ule) | (b) | Description Check if travel (| nutsi | de of Teyas, Com | plete Schedule T. | |
| | EXPENDITURE | 3 | salaries/wa(| ges/Contract La | abor | | | 므 | | officeholder living | | |
| | | | | | | | | Moving Stipe | nd | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Offic | eholder name | Off | fice sou | ght | | | Office he | eld | |
| | expenditure to benefit C/OI | H | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|---|--|--|
| | | The Instruction Guide explains how to complete this form. |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 10/22 Rpt: 27/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 09/11/2024 | Houston Federation of Teachers |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 2704 Sutherland St |
| | | |
| | | Houston, TX 77023 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | Event Sponsor |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experience to benefit Gree | |
| | Date | Payee name |
| | 08/28/2024 | Houston Federation of Teachers |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 2704 Sutherland St |
| | | |
| | | Houston, TX 77023 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Contributions/Donations Made By |
| | EXPENDITURE | Candidate/Officeholder/Political Committee |
| | | Donation |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experiditure to beriefit C/Oi | |
| | Date | Payee name |
| | 08/15/2024 | Houston reVision |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$516.84 | 6856 Bellaire Boulevard |
| | | |
| | | Houston, TX 77074 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | LAFENDITORE | Candidate/Officeholder/Political Committee |
| | | Event Sponsorship |
| | 0 1, 0, 0, 0, 0 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Superiorder to belieff 0/01 | · |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 11/22 Rpt: 28/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 10/03/2024 | JW Marriott San Antonio Hill Country |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$405.36 | 23808 Resort Pkwy |
| | | |
| | | San Antonio, TX 78261 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense MALC Retreat Lodging |
| | | With Let Netrett Edging |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 10/03/2024 | JW Marriott San Antonio Hill Country |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$401.49 | 23808 Resort Pkwy |
| | | |
| | | San Antonio, TX 78261 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | MALC Retreat Lodging |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 11/01/2024 | Jersey Mikes |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$246.17 | 120 Gulfgate Center Mall |
| | | |
| | | Houston, TX 77087 |
| | 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 Catering for Constituents Event |
| | | Catering for Constituents Event |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | | OTHER (enter a category not listed above) |
|---|--|--|---|
| _ | | | |
| 1 | Total pages Schedule F1: | | Filer ID (Ethics Commission Filers) |
| | Sch: 12/22 Rpt: 29/40 | Morales, Christina (The Honorable) | 0083199 |
| 4 | Date | 5 Payee name | |
| | 12/04/2024 | Jessica Gonzalez Campaign | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$1,500.00 | 400 S Zang Blvd | |
| | | Suite1022 | |
| | | Dallas, TX 75208 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| _ | OF | | of Texas. Complete Schedule T. |
| | EXPENDITURE | | ficeholder living expense |
| | | Contribution | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | DH . | |
| | Date | Payee name | |
| | 07/22/2024 | Kristian Carranza | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$250.00 | P.O. Box 831436 | |
| | | | |
| | | San Antonio, TX 78283 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | | of Texas. Complete Schedule T. |
| | EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, of | ficeholder living expense |
| | | Contribution | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 07/22/2024 | Kristian Carranza | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$25.00 | P.O. Box 831436 | |
| | | | |
| | | San Antonio, TX 78283 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Continuations/Donations wade by | of Texas. Complete Schedule T. |
| | 2/11 2/13/17 C/12 | | ficeholder living expense |
| | | Contribution | |
| | Complete ONLY if allowed | Condidate/Officeholder page | Office hold |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought OH | Office held |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 13/22 Rpt: 30/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 10/03/2024 | LULAC Council 4967 |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$350.00 | 2938 Ashford Trail Dr |
| | | |
| | | Houston, TX 77082 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate/Officeholder/Political Committee |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | 1 |
| | Date | Payee name |
| | 10/10/2024 | Lesley Briones Campaign |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$544.00 | PO Box 56386 |
| | | |
| | | Houston, TX 77256 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee |
| | | Bollation |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| H | Date | Payee name |
| | 12/23/2024 | Lizcano III, Louis |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,500.00 | 270 E Sunnyside St |
| | . , | |
| | | Houston, TX 77076 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Event Catering |
| \vdash | Complete ONE V if dies -t | Condidate/Officeholder name Office cought |
| 1 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| \vdash | • | |
| | | |
| l | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (en | of District ter a category not listed above) |
|---|--|--|---|
| | · | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | (Ethics Commission Filers) |
| | Sch: 14/22 Rpt: 31/40 | Morales, Christina (The Honorable) 0008319 | 99 |
| 4 | Date | 5 Payee name | |
| | 12/03/2024 | MALC | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$1,500.00 | 1100 S Congress Ave | |
| | | | |
| | | Austin, TX 78704 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Contributions/Donations Made By | Complete Schedule T. |
| | LAI LINDITORE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder | iving expense |
| | | Annual Dues | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | e held |
| | experialitare to benefit e/or | | |
| | Date | Payee name | |
| | 12/06/2024 | MacKzum, Isaac | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$3,000.00 | 3211 Hampton Rd | |
| | | | |
| | | Austin, TX 78705 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder | iving expense |
| | | Salary Supplement | |
| | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | • | e held |
| | | | |
| | Date | Payee name | |
| | 08/14/2024 | Martinez, Michael | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1,600.00 | 5209 McCormick | |
| | | Unit A | |
| | | Houston, TX 77023 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | |
| | EXPENDITORE | Check if Austin, TX, officeholder | - · |
| | | Video Production of Cam | paign Materials |
| | Commission ONU V if allows | Condidate/Officeholder norms | a hadd |
| | Complete ONLY if direct expenditure to benefit C/O | • | e held |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 15/22 Rpt: 32/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 08/12/2024 | Martinez, Michael |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$700.00 | 5209 McCormick |
| | | Unit A |
| | | Houston, TX 77023 |
| 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. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Video Production for Campaign |
| _ | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held H |
| | | |
| | Date | Payee name |
| | 12/16/2024 | McGehee, Mathew |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$60.00 | 2155 Harris St |
| | | |
| | | Gainesville, TX 76240 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Moving Assistance |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 11/04/2024 | Papa Johns |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$285.80 | 4616 Canal St |
| | Ψ203.00 | Ste A |
| | | |
| | | Houston, TX 77011 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Dinner for Election Workers |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

| | Candidate/Officeholder/Politica | | | Git/Awards/Memorials Legal Services | s Expense | Salaries/W | | e /Contract Labor | | OTHER (enter | istrict a category not listed ab | ove) |
|---|---|-----------|------------------|--|---|------------|------|----------------------------------|-------|--------------------|-------------------------------------|------------|
| | Credit Card Payment | | | The Instruction G | uide explains h | now to co | mple | te this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commissi | on Filers) |
| | Sch: 16/22 Rpt: 33/40 | | Morales, Ch | ristina (The Ho | norable) | | | | | 00083199 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 10/01/2024 | | | Condominiums | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$739.50 | | 1212 Guada | lupe St | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8701 | | | | | | | | |
| 8 | PURPOSE | (a) | | e Categories listed at | the ten of this caba | adula) | (b) | Description | | | | |
| | OF | (") | | nead/Rental Ex | | eaule) | (~) | _ ` | outsi | de of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | X Check if Austin, | , TX, | officeholder livin | g expense | |
| | | | | | | | | Austin Housir | ng I | HOA Fees | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Office | ceholder name | 0 | office sou | ght | | | Office h | eld | |
| | experialitate to beliefit C/Oi | <u>''</u> | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 09/04/2024 | | Penthouse (| Condominiums | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$739.50 | | 1212 Guada | llupe St | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8701 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sche | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Office Overh | nead/Rental Ex | pense | | | = | | | nplete Schedule T. | |
| | | | | | | | | X Check if Austin, Austin Housir | | officeholder livin | g expense | |
| | | | | | | | | 7.0301111100311 | ·9 · | 10/11/005 | | |
| | Complete ONLY if direct | <u> </u> | Candidate/Offic | ceholder name | 0 | office sou | aht | | | Office h | eld | |
| | expenditure to benefit C/OI | | | | | | 9 | | | | | |
| _ | Date | Π | Payee name | | | | | | | | | |
| | 08/01/2024 | | • | Condominiums | | | | | | | | |
| | Amount (\$) | \vdash | Payee addres | | State: | Zip Co | de | | | | | |
| | \$739.50 | | 1212 Guada | | State, | Zip Co | uc | | | | | |
| | Ψ100.00 | | TETE Gaaa | uapo ot | | | | | | | | |
| | | | Austin, TX 7 | 28701 | | | | | | | | |
| | DUDDOCE | (0) | | | | | /b\ | D | | | | |
| | PURPOSE OF | (a) | | e Categories listed at nead/Rental Ex | | edule) | (n) | Description Check if travel of | outsi | de of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | Office Over | ieau/Reiliai Ex | pense | | | ш | | officeholder livin | • | |
| | | | | | | | | Austin Housir | ng I | HOA Fees | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | 0 | ffice sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | П | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| _ | T | · · · · · · · · · · · · · · · · · · · |
| 1 | Total pages Schedule F1: | |
| | Sch: 17/22 Rpt: 34/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 09/04/2024 | Planned Parenthood Texas Votes PAC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| • | \$250.00 | PO BOX 41646 |
| | Ψ200.00 | 1 0 50% 41040 |
| | | |
| | | Austin, TX 78704 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | 2/11/2/10/11/2/12 | Candidate/Officeholder/Political Committee |
| | | Donation |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 09/09/2024 | Precinct2gether, INC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 14350 Wallisville Rd. |
| | φ300.00 | |
| | | Suite 101 |
| | | Houston, TX 77049 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | Donation to General Fund |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 11/01/2024 | Ramirez, Luis |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$600.00 | 5434 Lawndale |
| | | |
| | | Houston, TX 77023 |
| | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | DJ and MC Event Services |
| | | Do and the Event cervices |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| | • | |
| | | |
| | | |
| _ | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 18/22 Rpt: 35/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 11/25/2024 | Sheraton Denver Downtown |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$66.74 | 1550 Court PI |
| | | |
| | | Denver, CO 80202 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Travel Meal |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | experiantare to benefit ere | |
| | Date | Payee name |
| | 10/10/2024 | Southwest Airlines |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$562.96 | 2702 Love Field Dr. |
| | | |
| | | Dallas, TX 75235 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Flight to Dallas for Fundraiser |
| | | r light to Dalias for r undraiser |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | _ | |
| | Date | Payee name |
| | 10/10/2024 | Southwest Airlines |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$25.00 | 2702 Love Field Dr. |
| | | |
| | | Dallas, TX 75235 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | ZA ZADITORZ | Check if Austin, TX, officeholder living expense |
| | | Flight Fees |
| _ | Operation ONE V. C. F. | Ora didata (Office hadden grown |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Oriana.o to borioni O/Oi | • |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| 1 | Total pages Schedule F1: | |
| | Sch: 19/22 Rpt: 36/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 08/08/2024 | Staples |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$603.44 | 1201 Barbara Jordan Blvd |
| | | #700 Austin, TX 78723 |
| 8 | PURPOSE | 1 |
| 0 | OF | (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. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Office Supplies for State Offices |
| _ | Complete ONII V if direct | Condidate/Officeholder name Office equality Office hald |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 10/06/2024 | Tacos and Votes |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 3314 Morison St. |
| | | Houston, TX 77009 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Event Donation |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 07/19/2024 | Texas House Democratic Caucus |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | PO Box 12453 |
| | | Austin, TX 78711 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | LAFEINDITURE | Candidate/Officeholder/Political Committee |
| | | Donation |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 20/22 Rpt: 37/40 | Morales, Christina (The Honorable) 00083199 |
| 4 | Date | 5 Payee name |
| | 07/19/2024 | Texas House Democratic Caucus |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | PO Box 12453 |
| | | |
| | | Austin, TX 78711 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Candidate/Officeholder/Political Committee |
| | | Donation |
| _ | Complete ONII V if direct | Condidate/Officeholder name Office equality Office hald |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 07/26/2024 | Texas House Democratic Caucus |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$150.00 | PO Box 12453 |
| | | |
| | | Austin, TX 78711 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | LA LABITORE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation |
| | | Donation |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | Data | Davis name |
| | Date 12/04/2024 | Payee name Texas House Democratic Caucus |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,500.00 | PO Box 12453 |
| | | Austin, TX 78711 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | THE LADITORE | Candidate/Officeholder/Political Committee |
| | | Contribution |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office hald |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leaal Services

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | Travel Out of Di OTHER (enter a | strict category not listed above) | | | |
|---|--|--|---------|------------------------------------|--------------------------------------|--|--|--|
| ⊢ | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 1 | Total pages Schedule F1: Sch: 21/22 Rpt: 38/40 | 2 FILER NAME Morales, Christina (The Honorable) | 3 | Filer ID 00083199 | (Ethics Commission Filers) | | | |
| ╙ | · . | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 08/09/2024 | The Allegro Royal Sonesta | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$1,498.04 | 171 W Randolph St | | | | | | |
| | • • | • | | | | | | |
| | | Objective TV 00004 | | | | | | |
| | | Chicago, TX 60601 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Travel out of Pistrict | | side of Texas. Com | | | | |
| | | , <u> </u> | | K, officeholder living | g expense | | | |
| | | Lodging Co | nvei | ntion Stay | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office h | eld | | | |
| | expenditure to benefit C/O | 1 | | | | | | |
| Г | Date | Payee name | | | | | | |
| | 08/26/2024 | The Allegro Royal Sonesta | | | | | | |
| H | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | ` ' | | | | | | | |
| | \$996.72 | 171 W Randolph St | | | | | | |
| | | | | | | | | |
| | | Chicago, TX 60601 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | | el outs | side of Texas. Com | plete Schedule T. | | | |
| | LAPENDITORE | | | K, officeholder living | g expense | | | |
| | | Lodging Co | nvei | ntion Stay | | | | |
| L | | | | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| F | Date | Payee name | | | | | | |
| | 08/21/2024 | The Walk Houston | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$300.00 | 1618 Weber ST | | | | | | |
| | Φ300.00 | 1019 Menel 21 | | | | | | |
| | | | | | | | | |
| | | Houston, TX 77007 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Contributions/Donations Made By | el outs | side of Texas. Com | plete Schedule T. | | | |
| | EXPENDITURE | | | K, officeholder living | g expense | | | |
| | | Annual Wa | lk Do | onation | | | | |
| L | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office h | eld | | | |
| | expenditure to benefit C/O | 1 | | | | | | |
| Г | | | | | | | | |
| | | | | | | | | |
| 1 | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica | | mmittee | Legal Services | | rinting Exp salaries/Wa | | e /Contract Labor | | OTHER (enter a | strict a category not listed | above) |
|--|---|----------|-----------------------|--------------------------|-----------------------|----------------------------|------------|--------------------------------|--------|--------------------|---------------------------------|---------------|
| | Credit Card Payment | | | The Instruction G | uide explains ho | w to con | nple | te this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commi | ssion Filers) |
| | Sch: 22/22 Rpt: 39/40 | | Morales, Ch | ristina (The Ho | norable) | | | | | 00083199 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 09/24/2024 | | United Airlin | es | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; Z | Zip Cod | de | | | | | |
| | \$718.95 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Chicago, IL | 60606 | | | | | | | | |
| 8 | PURPOSE | (a) | | | | 1 | (h) | Description | | | | |
| ľ | OF | (") | Travel Out o | e Categories listed at t | he top of this schedu | ile) | (5) | X Check if travel | outsi | de of Texas. Con | nplete Schedule T. | |
| | EXPENDITURE Travel out of District | | | , Blouriot | | | | Check if Austin, | , TX, | officeholder livin | g expense | |
| | | | | | | | | Flight To Was | shir | ngton DC | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Offic | ceholder name | Offic | ce soug | ght | | | Office h | eld | |
| | experioritire to beriefit C/Or | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 11/19/2024 | | University of | f Houston Gara | ge | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; Z | Zip Coc | de | | | | | |
| | \$8.00 | | 4224 Elgin S | St | | | | | | | | |
| | | | Suite 110 | | | | | | | | | |
| | | | Houston, TX | K 77204 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at t | he top of this schedu | ıle) | (b) | Description | | | | |
| | OF EXPENDITURE | | Travel Out of | | | | | = | | | nplete Schedule T. | |
| | | | | | | | | Paid Parking | | officeholder livin | g expense | |
| | | | | | | | | raiu raiking | 101 | LVCIII | | |
| _ | Complete ONLY if direct | <u> </u> | Candidate/Offi | reholder name | Offic | ce sour | ht | | | Office h | eld | |
| Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | | | | | |
| _ | Date | | Dayson name | | | | | | | | | |
| | 08/15/2024 | | Payee name Walmart | | | | | | | | | |
| | | | | City: | Ctata: 7 | 7in Coo | 40 | | | | | |
| | Amount (\$) \$155.88 | | Payee addres | | State; Z | zip Coc | Jе | | | | | |
| | Ψ133.00 | | 2391 3 Way | Side Di | | | | | | | | |
| | | | Houston T\ | / 77022 | | | | | | | | |
| | | _ | Houston, TX | | | 1. | <i>a</i> . | | | | | |
| | PURPOSE OF | (a) | | e Categories listed at t | | ıle) | (b) | Description Check if travel (| nutsii | de of Texas Con | nplete Schedule T. | |
| | EXPENDITURE | | Office Overr | nead/Rental Ex | pense | | | ш | | officeholder livin | • | |
| | | | | | | | | Office Supplie | es | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | Offic | ce soug | ght | | | Office h | eld | |
| | expenditure to benefit C/OH | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 40/40 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Morales, Christina (The Honorable) 00083199 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Morales, Christina (The Honorable) Departure city or name of departure location 09/24/2024 Houston 9 Destination city or name of destination location 09/24/2024 Washington 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Voting Rights Round Table