CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00032386		2 Total pages file 2	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Geanie W.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LACT		CULTIV	01/15/2025	
	NICKNAME	LAST Morrison		SUFFIX	01/13/2023	
		WIOTISOTI				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 4642					
ADDRESS					Receipt #	Amount
Change of Address	Victoria, TX 77903-4642					
					Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Jeffery L.		IVII		
NAME	IVII.	Jeliery L.				
	NICKNAME	LAST		SUFFIX		
	Jeff	Williams				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	r / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	702 Santa Fe					
(Residence or Business)						
	Victoria, TX 77904					
7 0440404	ADEA CODE BUICN	E NUMBER - F	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(361) 676-5300					
9 DEDODT						
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car	nnaign traasurar
		J Sour day before		Tallon	appointment (office	
	July 15	8th day before	election	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	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		I⊓G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGHT	(if known)	
III OFFICE	State Representative Distr	ict 30 Victoria		State Represent		
	State Representative Distr	ict 50 victoria		State Represent	anve District 50	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Morrison, Geanie W.	(The Honorable)	14 Filer ID (I	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made wi I officeholders are required to report this infor	thout the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NA	ME			
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00			
	4. TOTAL POLITIC	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TRIOD	THE LAST DAY OF THE	\$ 179,111.27		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	IS AS OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT			penalty of perjury, that the acc ides all information required to ode.			
		The H	onorable Geanie W. Morris	son		
		Signat	ture of Candidate or Officehold	der		
AFFIX NO	TARY STAMP / SEAL AB	DVE				
		aid		day		
of	, 20, to co	ertify which, witness my hand and seal of offic	e.			
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 23						
18 FILER NAM Morrison,	Morrison, Geanie W. (The Honorable)								
20 SCHEDULE NAME OF S	SUBTOTAL AMOUNT								
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 44,222.37						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 468.40						
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	\$						

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: 1/16 Rpt: 4/23	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	07/01/2024	CITI CARD
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$2.12	PO BOX 78045
		PHOENIX, AZ 85062
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense JUNE STATEMENT
		JOINE STATEMENT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
┡		
	Date	Payee name
	08/12/2024	CITI CARD
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.12	PO BOX 78045
		PHOENIX, AZ 85062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense JULY STATEMENT
		JOLI STATEMENT
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	09/11/2024	CITI CARD
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.12	8000 CENTRE PARK DR
		ST 380
		AUSTIN, TX 78754
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Credit Card Payment
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		AUGUST STATEMENT
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	'

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		trict category not listed above)
_	Total name - Oct - 1 1 Er		(Ethiop Commission Ethiop)
1	Total pages Schedule F1: Sch: 2/16 Rpt: 5/23	2 FILER NAME 3 Filer ID 00032386	(Ethics Commission Filers)
4	Date 10/10/2024	5 Payee name CITI CARD	
6	Amount (\$) \$63.92	7 Payee address; City; State; Zip Code 2 8000 CENTRE PARK DR ST 380 AUSTIN, TX 78754	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living SEPTEMBER STATEMENT	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ld
	Date	Payee name	
	11/05/2024	CITI CARD	
	Amount (\$) \$2.12	Payee address; City; State; Zip Code 8000 CENTRE PARK DR ST 380 AUSTIN, TX 78754	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living OCTOBER STATEMENT	
	Complete ONLY if direct expenditure to benefit C/OI		ld
	Date 12/12/2024	Payee name CITI CARD	
	Amount (\$) \$385.24	Payee address; City; State; Zip Code 8000 CENTRE PARK DR ST 380 AUSTIN, TX 78754	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living NOVEMBER STATEMENT	
	Complete ONLY if direct expenditure to benefit C/Ol		ld

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		ee Legal Services	morials Expense		ages/Contract Labor	Travel Out of District OTHER (enter a ca	ct tegory not listed above)
_	Tatalanana C.I. III Ti	lo =::		.c.i Gaide expiairis		proto tino ioiiii.	la Filonia	(Fabrica Communication Files)
	Total pages Schedule F1:	l		The Haranith N			-	(Ethics Commission Filers)
	Sch: 3/16 Rpt: 6/23	Mo	rrison, Geanie W. (i ne Honorable)			00032386	
4	Date	5 Pay	ee name					
	08/12/2024	CU	ERO RECORD/YO	RKTOWN NEW	/S			
6	Amount (\$)	7 Pay	vee address; City;	State	; Zip Coo	de		
	\$300.00	PO	BOX 351					
			ERO, TX 77954					
<u>_</u>	DUDDOS-				Т	(I-X) =		
8	PURPOSE OF		egory (See Categories lis	ted at the top of this sch	nedule)	(b) Description		
	EXPENDITURE	l _{Ad}	vertising Expense				outside of Texas. Comple n, TX, officeholder living ex	
						BOOSTER P		
9	Complete ONLY if direct	Card	lidate/Officeholder na	me (Office soud	nht	Office held	· · · · · · · · · · · · · · · · · · ·
9	expenditure to benefit C/OI		iluate/Officeriolder fla	ille (Onice Sout	JIIL	Office field	ı
_								
	Date	1 1	ree name					
L	10/10/2024	CU	ERO RECORD/YO	RKTOWN NEW	/S			
	Amount (\$)	Pay	vee address; City;	State	; Zip Co	de		
	\$500.00	PO	BOX 351					
		Cu	ERO, TX 77954					
_	PURPOSE					(b) Description		
	OF		egory (See Categories lis	ted at the top of this sch	nedule)	_	outside of Texas. Comple	ete Schedule T.
	EXPENDITURE	^{Au}	verusing Expense			<u> </u>	n, TX, officeholder living ex	
						SPORTS BO	OSTER POSTER	RS
\vdash	Complete ONLY if direct		lidate/Officeholder na	me (Office sou	ght	Office held	I
	expenditure to benefit C/OI					-		
H	Date	De	voo nomo					
		1 1	ee name	DKTOMMI MEM	IC			
	11/05/2024		ERO RECORD/YO					
	Amount (\$)	1	ree address; City;	State	; Zip Coo	de		
	\$270.00	l PO	BOX 351					
		Cu	ERO, TX 77954					
	PURPOSE	(a) Cat	egory (See Categories lis	ited at the top of this sch	nedule)	(b) Description		
	OF		vertising Expense	at and top of this 301	,		outside of Texas. Comple	ete Schedule T.
	EXPENDITURE		3 - 32				n, TX, officeholder living ex	kpense
						WESTERN D	DAYS	
	Complete ONLY if direct		lidate/Officeholder na	me (Office souç	ght	Office held	I
	expenditure to benefit C/OI	Н						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributing 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: 4/16 Rpt: 7/23	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	07/20/2024	DE WEBWORKS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$190.83	3901 N MAIN
		VICTORIA, TX 77901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense DOMAIN HOSTING
		DOWAINTIOSTING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	07/01/2024	DISABLED AMERICAN VETERANS
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO BOX 2812
		VICTORIA, TX 77902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFEINDITORE	Candidate/Officeholder/Political Committee
		CONTRIBUTION
	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	07/01/2024	DISABLED AMERICAN VETERANS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO BOX 2812
		VICTORIA, TX 77902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		SPONSORSHIP
<u> </u>	Computate ONU V if alice	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 5/16 Rpt: 8/23	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	07/01/2024	JEFF WILLIAMS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	702 SANTA FE
		VICTORIA, TX 77904
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 ETHICS REPORTING
		Entries NET ONTING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	07/18/2024	LAWSON STRATEGIES LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,775.58	1407 LOST CREEK BLVD
		AUSTIN, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		JULY RETAINER
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/17/2024	LAWSON STRATEGIES LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,775.00	1407 LOST CREEK BLVD
		AUSTIN, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense AUGUST RETAINER
		AUGUST RETAINER
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г		

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

	Candidate/Officenoider/Politica 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: 6/16 Rpt: 9/23	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	09/03/2024	LAWSON STRATEGIES LLC
6	Amount (\$) \$2,883.83	7 Payee address; City; State; Zip Code 1407 LOST CREEK BLVD
		AUSTIN, TX 78746
8	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 SEPTEMBER RETAINER
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2024	LAWSON STRATEGIES LLC
	Amount (\$) \$3,154.46	Payee address; City; State; Zip Code 1407 LOST CREEK BLVD
		AUSTIN, TX 78746
	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 OCTOBER RETAINER
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/29/2024	LAWSON STRATEGIES LLC
	Amount (\$) \$2,937.96	Payee address; City; State; Zip Code 1407 LOST CREEK BLVD
		AUSTIN, TX 78746
	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 NOVEMBER RETAINER
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense P S		ense ges/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	ИE				3	Filer ID	(Ethics Commission Filers)
L	Sch: 7/16 Rpt: 10/23	Morrison,	Geanie W. (The Hor	norable)				00032386	
4	Date	5 Payee nam	ne						
	12/17/2024	LAWSON	STRATEGIES LLC						
6	Amount (\$)	7 Payee add	ress; City;	State; 2	Zip Cod	е			
	\$2,775.58	1407 LOS	ST CREEK BLVD						
		AUSTIN,	TX 78746						
8	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedu	ule) (b) Description			
	OF EXPENDITURE		g Expense					ide of Texas. Comp	
						DECEMBE		, officeholder living	expense
9	Complete ONLY if direct	Candidate/C	officeholder name	Offi	ice soug	ht		Office he	ld
	expenditure to benefit C/O				9				
	Date	Payee nam	ne						
	07/20/2024	SALVATION	ON ARMY						
	Amount (\$)	Payee add	ress; City;	State; 2	Zip Cod	e			
	\$2,500.00	1302 N L	OUIS						
		VICTORIA	A, TX 77901						
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedu	ule) (b) Description			
	OF EXPENDITURE		g Expense					ide of Texas. Comp	
	-					LOVE & BE		, officeholder living	expense
							01	.5	
_	Complete ONLY if direct	Candidate/C	officeholder name	Offi	ice soug	ht		Office he	ld
	expenditure to benefit C/O				J				
	Date	Payee nam	ne						
	12/11/2024	SALVATIO	ON ARMY						
	Amount (\$)	Payee add	ress; City;	State; 2	Zip Cod	е			
	\$875.00	1302 N L	OUIS						
L		VICTORIA	A, TX 77901						
	PURPOSE		(See Categories listed at the to		ule) (b) Description			
	OF EXPENDITURE		ons/Donations Made					ide of Texas. Comp	
		Candidate	e/Officeholder/Politica	ai Committi	ee	CHRISTMA		, officeholder living OR TEFNS	expense
						5 (16 i ivi)			
	Complete ONLY if direct	Candidate/C	fficeholder name	Offi	ice soug	ht		Office he	ld
	expenditure to benefit C/O	4			J				

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	<u> </u>						
	Sch: 8/16 Rpt: 11/23	Morrison, Geanie W. (The Honorable) 00032386						
4	Date	5 Payee name						
	09/19/2024	SOUTH TEXAS NEWS INC						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$550.00	PO BOX 10						
		BEEVILLE, TX 78104						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		GOLIAD GRADUATION TAB						
_	Operation ONLY if allowed	Openhalte Office held						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	08/12/2024	ST JOSEPH HIGH SCHOOL						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,100.00	110 E RED RIVER						
		VICTORIA, TX 77901						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense ALL SPORTS PROGRAM						
		ALL SPORTS PROGRAM						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Data	Description						
	Date 07/20/2024	Payee name STORAGE RENTALS OF AMERICA						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$220.00	4401 JOHN STOCKBAUER						
		VICTORIA, TX 77904						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		A131						
	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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/16 Rpt: 12/23	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	08/17/2024	STORAGE RENTALS OF AMERICA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$440.00	4401 JOHN STOCKBAUER
		VICTORIA, TX 77904
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		A131
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/17/2024	STORAGE RENTALS OF AMERICA
	Amount (\$)	Payee address; City; State; Zip Code
	\$440.00	4401 JOHN STOCKBAUER
	, , , , , ,	
		VICTORIA, TX 77904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense A131
		7.101
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Para and a
	Date 12/17/2024	Payee name STORAGE RENTALS OF AMERICA
	Amount (\$)	Payee address; City; State; Zip Code
	\$440.00	4401 JOHN STOCKBAUER
		VICTORIA, TX 77904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		A131
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to beliefft C/OI	•
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card i dyment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 1	Filer ID	(Ethics Commission Filers)	
	Sch: 10/16 Rpt: 13/23	Morrison, Geanie W. (The Honorable)			00032386		
4	Date	5 Payee name		•			
	08/17/2024	SUSAN RODRIGUEZ					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$55.49	311 E CONSTITUION ST					
		ST 100					
		VICTORIA, TX 77901					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside			
		Check if Austin, TX, officeholder living expense MAIL RESOLUTION					
				WATE RESOLUTI	OIV		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	ld	
	expenditure to benefit C/O		giit		Office fic	ıu	
	Date	Dayes name					
	12/05/2024	Payee name TARGET					
			do				
	Amount (\$) \$100.00	Payee address; City; State; Zip Co 7608 ZAC LENTZ PKWY	ue				
	Φ100.00	1000 ZAC LLINIZ FIRWI					
		VICTORIA TV 77004					
	DUDDOOF	VICTORIA, TX 77904	(1-)				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(D)	Description Check if travel outside	e of Texas. Com	olete Schedule T.	
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if Austin, TX, o			
				TOYS FOR TOTS	S		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	ld	
	expenditure to benefit C/Ol	1					
	Date	Payee name					
	08/17/2024	TEXAS ALLIANCE FOR LIFE					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$1,000.00	8000 CENTRE PARK DR					
		ST 380					
		AUSTIN, TX 78754					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising Expense		Check if travel outside			
	LAPENDITORE			Check if Austin, TX, o		expense	
				ANNUAL FUND F	RAISER		
	Complete ONLY if direct	Condidate/Officeholder nema	abt		Office ha	Id	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ynı		Office he	iu	
_							

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
Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	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: 11/16 Rpt: 14/23	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	08/17/2024	TFRW CONVENTION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	13740 US-183
		ST J4
		AUSTIN, TX 78750
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CONVENTION PROGRAM
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	09/11/2024	THE NAVE MUSEUM
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	306 W COMMERCIAL ST
		VICTORIA, TX 77901
	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
		WEWBERGIN
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/02/2024	THE VINE SCHOOL
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	603 E MESQUITE LN
	Ψ1,000.00	000 E MESQUITE EN
		VICTORIA TV 77001
		VICTORIA, TX 77901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
	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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica 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: 12/16 Rpt: 15/23	Morrison, Geanie W. (The Honorable) 00032386							
4	Date	Payee name							
	10/02/2024	U. S. POSTAL SERVICE							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$108.00	2804 SAM HOUSTON DR							
		VICTORIA, TX 77904							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		ANNUAL RENTAL OF PO BOX							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							
	Date	Payee name							
	11/05/2024	VENTURA'S							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	3907 N NAVARRO ST							
		VICTORIA, TX 77901							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
	LAI LINDITORE	Check if Austin, TX, officeholder living expense							
		TEEN SUMMIT							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	07/18/2024	VICTORIA ADVOCATE							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$643.00	101 W GOODWIN							
	70.000								
		VICTORIA, TX 77901							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		HURRICANE PREPARATION							
	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

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	l Committe	Gift/Awar e Legal Se The Ins	verage Expense ds/Memorials Expen rvices struction Guide e	se		xpense Vages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	1							l	Filer ID	(Ethics Commission Filer	s)
L	Sch: 13/16 Rpt: 16/23	Mor	rison, Geanie	W. (The Hono	rable)					00032386		
4	Date	5 Pay	ee name									
	09/04/2024	VIC	TORIA CHAM	BER OF COM	IMERCE							
6	Amount (\$)	7 Pay	ee address;	City;	State;	Zip Co	de					
	\$25.00	РО	BOX 2465									
		VIC	TORIA, TX 77	902								
8	PURPOSE	(a) Cate	egory (See Catego	ries listed at the top	of this sched	lule)	(b)	Description				
	OF EXPENDITURE		d/Beverage Ex					느			plete Schedule T.	
								STAFF LUNC		officeholder living	g expense	
								STALL LUNC	JI 16	LOIN		
9	Complete ONLY if direct	Candi	idate/Officeholde	er name	Off	fice sou	aht			Office he	eld	
_	expenditure to benefit C/OI		- Indendide	. name	Oli		y.ii					
	Date	Pay	ee name		_	_						
L	10/17/2024	VIC	TORIA CHAM	BER OF COM	IMERCE							
	Amount (\$)	Pay	ee address;	City;	State;	Zip Co	de					
\$75.00 PO BOX 4642												
		VIC	TORIA, TX 77	092								
	PURPOSE	(a) Cate	egory (See Catego	ries listed at the top	of this sched	lule)	(b)	Description				
	OF EXPENDITURE		d/Beverage Ex								plete Schedule T.	
	-							Check if Austin, TX, officeholder living expense STAFF LUNCHEON				
								CITAL LONG)			
_	Complete ONLY if direct	l Candi	idate/Officeholde	er name	Off	fice sou	ght			Office he	eld	
	expenditure to benefit C/OI				3		J -					
	Date	Pavi	ee name									
	11/16/2024	1 1	TORIA CHAM	BER OF COM	IMERCE	<u> </u>						
	Amount (\$)		ee address;	City;	State;		de.					
	\$200.00	1	BOX 2465	~.·J,	Ciaio,	p 00						
	\$200.00		_ oo									
		VIC	TORIA, TX 77	902								
	PURPOSE	(a) Cate	egory (See Catego	ries listed at the top	of this sched	lule)	(b)	Description				
	OF EXPENDITURE	Foo	d/Beverage Ex	rpense						de of Texas. Com officeholder living	plete Schedule T.	
								CONFERENCE CONFERENCE				
								20 EIVEIV				
	Complete ONLY if direct	l Candi	idate/Officeholde	er name	Off	fice sou	ght			Office he	eld	
	expenditure to benefit C/O		2 3.2. 2 3.00.010		3		J. / C			200 110		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.									
-	Total pages Schedule F1:	<u> </u>	3 Filer ID (Ethics Commission Filers)						
ľ	Sch: 14/16 Rpt: 17/23	Morrison, Geanie W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00032386						
Ļ	<u> </u>		00032300						
4	Date	5 Payee name							
L	12/11/2024	VICTORIA CHAMBER OF COMMERCE							
6	Amount (\$)	Payee address; City; State; Zip Code							
l	\$155.00	PO BOX 4642							
l									
l		VICTORIA, TX 77092							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
l	OF EXPENDITURE		utside of Texas. Complete Schedule T.						
l	EXPENDITORE		TX, officeholder living expense						
l		ANNUAL DUE	:S						
L									
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
L	experience to benefit Gree	•							
	Date	Payee name							
l	08/17/2024	VICTORIA COUNTY REPUBLICAN PARTY							
Г	Amount (\$)	Payee address; City; State; Zip Code							
l	\$835.00	115 SOUTH MAIN							
l									
		VICTORIA, TX 77901							
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
l	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T.						
l	EXI ENDITORE	Garrandato, Grinotriadori, Grinota Gorininto	stin, TX, officeholder living expense SER SPONSORSHIP						
		FUNDRAISER	RSPONSORSHIP						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
l	expenditure to benefit C/O		Office field						
⊨									
l	Date	Payee name							
L	07/20/2024	VICTORIA EAST TITAN FOOTBALL PROGRAM							
l	Amount (\$)	Payee address; City; State; Zip Code							
l	\$500.00	PO BOX 7517							
l									
		VICTORIA, TX 77903							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
l	OF EXPENDITURE	Advertising Expense	utside of Texas. Complete Schedule T.						
l			TX, officeholder living expense						
		FOOTBALLF							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/O		Office field						
\vdash									
ı									

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)		
_	Total marca Cabadula F1.	2 FILED N			J		1	Files ID	/Ethica Cammios	ion Filoro)
1	Total pages Schedule F1:	l		la manahla)			3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 15/16 Rpt: 18/23	Morriso	n, Geanie W. (The F	Honorable)				00032386		
4	Date	5 Payee na	ame							
	10/24/2024	VICTOF	RIA ECONOMIC DE	VELOPMENT COF	PR					
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip Co	ode					
	\$1,000.00	101 W (GOODWIN AVE							
		ST 322								
			RIA, TX 77901							
Ļ	DUDDOCE				(1-)					
8	PURPOSE OF		(See Categories listed at the	ne top of this schedule)	(a)	Description	outo	ide of Toyas, Com	nloto Sobodulo T	
EXPENDITURE Fees 📙 Gleck in date.				ide of Texas. Com , officeholder living						
						MEMBERSH		,	,,	
9	Complete ONLY if direct	Candidate	/Officeholder name	Office sou	ıaht			Office he	ald.	
ľ	expenditure to benefit C/O		/Oniceriolaer name	Office 300	agrit			Onice in	Sid.	
_	D :	T								
	Date	Payee na								
	10/02/2024	VICTOR	RIA SYMPHONY							
	Amount (\$)	Payee a	ddress; City;	State; Zip Co	ode					
	\$2,500.00	405 E L	OMA VISTA							
		VICTOF	RIA, TX 77901							
	PURPOSE	(a) Category	(See Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE		sing Expense					ide of Texas. Com		
	LXI LINDITORL					ш	f Austin, TX, officeholder living expense			
						DUCK SAFA	ΚI	FUNDRAISE	=R	
	Complete ONLY if direct expenditure to benefit C/O		/Officeholder name	Office sou	ught			Office he	eld	
	experientare to benefit 6/01	1								
	Date	Payee na	ame							
	10/24/2024	VICTOF	RIA SYMPHONY							
	Amount (\$)	Payee a	ddress; City;	State; Zip Co	ode					
	\$100.00	405 E L	OMA VISTA							
		VICTOR	RIA, TX 77901							
_	PURPOSE				(b)	Description				
	OF		(See Categories listed at the	ne top of this schedule)	(0)	Description Check if travel	outsi	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE	Auverus	sing Expense					, officeholder living		
						FUND RAISE				
	Complete ONLY if direct	Candidate	/Officeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/O			225	J					

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

t listed above)						
commission Filers)						
WEST WARRIOR FOOTBALL BOOSTER CLUB						
307 W TROPICAL DR						
ule T.						
do T						
ule T.						
ule 1.						
ле г.						
ne I.						
ne I.						
ne 1.						
ne I.						
ne I.						
ne 1.						
ne I.						
ile 1.						
ile 1.						
ite I.						
ile 1.						
ine 1.						
ite 1.						
ite 1.						
ine 1.						
ite I.						
ite 1.						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 1/4 Rpt: 20/23	Morrison, Geanie V	V. (The Honorable)	00032386					
4 CREDIT CARD ISSUER		ncial institution ITI	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$2.12	07/01/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	Zip Code			
	GOOGLE STORAG	SE .	1600 AMPHITHEATRE PA	ARKWAY				
			MOUNTAIN VIEW, CA 94	043				
8 PURPOSE OF	(a) Category		(b) Description	.043				
EXPENDITURE	(See Categories listed at the top	of this schedule)	ONLINE STORAGE					
X Political	Office Overhead/Rent	tal Expense	ONE INC. OT ON TOE					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	<u>'</u>	e sought	Office held				
expenditure to benefit C/OH			ŭ					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$2.12	07/10/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State	Zip Code			
	GOOGLE STORAG	SE .	1600 AMPHITHEATRE PARKWAY					
			MOUNTAIN VIEW, CA 94043					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description ONLINE STORAGE					
X Political	Office Overhead/Rent	tal Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$15.00	07/18/2024						
PAYEE	(a) Payee name	•	(b) Payee address;	City, State	Zip Code			
	057 05 7115 1/07	- (OOT) A	3033 WILSON BLVD					
	GET OF THE VOTI	E (GOTV)	ST 700					
			ARLINGTON, VA 22201					
PURPOSE OF				(b) Description				
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	CONTRIBUTION					
X Political								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
Sch: 2/4 Rpt: 21/23	Morrison, Geanie V	V. (The Honorable)	00032386						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid					
	\$2.12	08/20/2024							
(a) Payee name GOOGLE STORAGE			(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PARKWAY						
		MOUNTAIN VIEW, CA 94	1043						
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	· ·	ONLINE STORAGE						
X Political	onice overnead/iveni	LAPETISE							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid					
	\$2.12	09/10/2024							
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
	GOOGLE STORAG	SE .	1600 AMPHITHEATRE PARKWAY						
			MOUNTAIN VIEW, CA 94043						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description ONLINE STORAGE						
X Political	Office Overhead/Rent	tal Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$61.80	(b) Date of Charge 09/23/2024	(c) Date(s) Credit Card Issuer	r Paid					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
			600 N LAMAR BLVD						
	24 DINER								
			AUSTIN, TX 78703						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	· ·	STAFF LUNCH						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
Sch: 3/4 Rpt: 22/23	Morrison, Geanie V	V. (The Honorable)	00032386						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$2.12	10/10/2024							
7 PAYEE	(a) Payee name GOOGLE STORAGE			(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PARKWAY					
			MOUNTAIN VIEW, CA 94	043					
8 PURPOSE OF	(a) Category	7 11: 1 1 1 1 1	(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent	*	ONLINE STORAGE						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$2.12	11/10/2024							
PAYEE	(a) Payee name	I	(b) Payee address;	City, State,	Zip Code				
	GOOGLE STORAG	SE .	1600 AMPHITHEATRE PARKWAY						
			MOUNTAIN VIEW, CA 94043						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description ONLINE STORAGE						
X Political	Office Overhead/Rent	tai Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$92.52	(b) Date of Charge 11/21/2024	(c) Date(s) Credit Card Issuer	Paid					
PAYEE	(a) Payee name OFFICE MAX		(b) Payee address; City, State, Zip Code 907 WEST FIFTH STREET ST 101 AUSTIN, TX 78703						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description OFFICE SUPPLIE						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	r - Gift/Award	erage Expense s/Memorials Expense rices	Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 4/4 Rpt: 23/23	Morrison, Geanie V	V. (The Honorable)		00032386		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
		\$286.36	11/12/2024				
7	PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code		
		THE BUMBLIOUS	_	1201 W STAYTON AVE			
		THE PUMPHOUSE	=				
				VICTORIA, TX 77901			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
		Food/Beverage Expe		CONSTITUENT LUNCH	1		
	X Political						
	Non-Political	<u>'</u>	of Texas. Complete Schedule		X, officeholder living expense		
	Complete ONLY if direct conditure to benefit C/OH	Candidate/Officeholder	rname C	Office sought	Office held		