FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085705 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Clint The Honorable NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Morgan CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Kim Aperauch NAME NICKNAME LAST **SUFFIX** Stelter **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 844-3671 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 7 District 1

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Morgan, Clint (The H	onorable)		14 Filer ID 00085705	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus of may have been made without to equired to report this information	he candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ΛΕ			
ш .	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAM	MPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELEC		s, \$	0.00
		ICAL CONTRIBU	ITIONS , OR GUARANTEES OF LOAN:	S)	\$	13,952.54
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES	,	\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	7,079.29
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	32,663.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	of perjury, that the a	accompanying d to be reporte	report is ed by me
			The Hor	norable Clint Morg	an	
				Candidate or Officel		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of office	er administering oath	Printed name	of officer administering oath	Title of offi	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			JVLK 3	3 of 16	
l	ER NAN organ, C	ME Clint (The Honorable)	19 Filer ID 00085705	(Ethics Co	mmission Filers)
I	HEDULI ME OF	SUBT	OTAL AMOUNT		
1.	X	\$	13,952.54		
2.		\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	\$	7,079.29		
6.		\$			
7.		\$			
8.		\$			
9.		\$			
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/16
2	FILER NAME Morgan, Clir	nt (The Honorable)			3	Filer ID (Ethics Commission Filers) 00085705
4	Date 01/02/2025	5 Full name of contributor Abrams, Barry6 Contributor address; City;		7	Amount of Contribution (\$) \$520.51	
		Houston, TX 77002	_			
8	Contributor's I	Principal Occupation		Contributor's Job Title Lawyer		
10		employer/law firm	11 Law firm of contributor's sp	oous	se (if any)	
12		s a child, law firm of parent(s) (i	f any)			
Date Full name of contributor out-of-state PAC (ID#:						Amount of Contribution (\$) \$100.00
		Houston, TX 77006				
		Principal Occupation		Contributor's Job Title		
L	Attorney	employer/law firm		Managing Partner		on (if any)
	Ammons La			Law firm of contributor's sp	Jous	se (ii aliy)
		s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
03/03/2025 Aziz, Muhammad Contributor address; City; State; Zip Code Houston, TX 77002					<u></u>	\$2,000.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney					
		employer/law firm	oous	se (if any)		
		atkins Nichols Agosto Aziz S				
	ii contributor i	s a child, law firm of parent(s) (i	r any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/16
2	FILER NAME Morgan, Clir	nt (The Honorable)			3	Filer ID (Ethics Commission Filers) 00085705
4	Date 01/28/2025	5 Full name of contributor Bender, Andrew6 Contributor address; City;		7	Amount of Contribution (\$) \$500.00	
		Houston, TX 77056				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Shareholder		
10	Contributor's 6 Andrews My	employer/law firm ers	11 Law firm of contributor's sp	oous	se (if any)	
12		s a child, law firm of parent(s) (if	any)	<u> </u>		
=	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)
01/08/2025 Dobrowski, Paul Contributor address; City; State; Zip Code						\$250.00
		Houston, TX 77007				
		Principal Occupation		Contributor's Job Title		
	Lawyer			Partner		
		employer/law firm Stafford Pierce, LLP		Law firm of contributor's sp	oous	se (if any)
			i anul			
	ii contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	03/04/2025	Frizzell Reynolds LLP				\$1,000.00
		Contributor address; City;	State; Zip Code			
		Houston, TX 77002		T - "		
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to complete this	s form.		ges Schedule A(J)1 5 Rpt: 6/16	:
2	FILER NAME Morgan, Clir	nt (The Honorable)		3 Filer ID 0008570	(Ethics Commission	on Filers)
4	Date 01/20/2025	 5 Full name of contributor	#:)		of Contribution (\$)	\$250.00
		Houston, TX 77006				
8		Principal Occupation	9 Contributor's Job Title			
	Attorney		Partner			
10	Contributor's e Hagans	employer/law firm	11 Law firm of contributor's sp	pouse (if any)		
12		s a child, law firm of parent(s) (if any)				
F	Date	Full name of contributor out-of-state PAC (ID)#:)	Amount o	of Contribution (\$)	
	01/28/2025	Hunton Andrews Kurth Texas PAC Contributor address; City; State; Zip Code				\$2,500.00
		Houston, TX 77002				
	Contributor's F	Principal Occupation	Contributor's Job Title	•		
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID	#:)	Amount o	of Contribution (\$)	
01/28/2025 Jackson Walker LLP		Jackson Walker LLP Political Action Committe Contributor address; City; State; Zip Code	ee			\$2,500.00
		Dallas, TX 75201				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)	1			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/16
2	FILER NAME	t /The Henevahle)			1	Filer ID (Ethics Commission Filers)
	Morgan, Clir	nt (The Honorable)			_	00085705
4	Date 01/28/2025	5 Full name of contributor Mithoff, Richard6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,500.00
		Houston, TX 77002				
8	Contributor's I	Principal Occupation	9 Contributor's Job Title			
	Attorney			Partner		
10	Contributor's of Mithoff Law	employer/law firm	11 Law firm of contributor's sp	oous	e (if any)	
12		s a child, law firm of parent(s) (if	anv)			
		o a orma, law mm or parom(o) (ii	ca.iy)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
01/08/2025 Nichols, Taylor Contributor address; City; State; Zip Code						\$250.00
		Houston, TX 77002				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	-	repo, Harvin Robbins, LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	03/04/2025	ReedSmith LLP	out or state trie (is			\$500.00
		Contributor address; City;	State; Zip Code			
		Pittsburgh, PA 15222				
Contributor's Principal Occupation Contributor's Job Title						
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONET	SCHEDULE A(J)1			
The Instru	1 Total page Sch: 5/5	es Schedule A(J)1: Rpt: 8/16		
2 FILER NAME				(Ethics Commission Filers)
Morgan, Cili 4 Date	nt (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:	00085709	Contribution (\$)	
01/13/2025	Amount of	\$2,082.03		
02/20/2020	Yetter Coleman 6 Contributor address; City; State; Zip Code			
	Haveton TV 77000			
O Combuilou do ulo	Houston, TX 77002	O Combrido de de Tible		
8 Contributors	Principal Occupation	9 Contributor's Job Title		
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committe	ee L	ood/Beverage Expens Sift/Awards/Memorials egal Services The Instruction Gu	Expense		xpense Vages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:									Filer ID	(Ethics Commission Filers)	
L	Sch: 1/8 Rpt: 9/16	Мо	rgan, Clin	t (The Honorab	ole)					00085705		
4	Date	5 Pay	ee name									
	01/15/2025	Am	nazon									
6	Amount (\$)	7 Pay	ee address	s; City;	State;	Zip Co	de					_
	\$105.43	120	00 12th Av	e. South, Suite	1200							
		Sea	attle, WA	98144								
8	PURPOSE	(a) Cat	egory (See	Categories listed at th	ne ton of this sche	edule)	(b)	Description				_
	OF EXPENDITURE			ead/Rental Exp		oddie)			outsio	le of Texas. Com	plete Schedule T.	
	EXPENDITORE							—	TX,	officeholder living	g expense	
								Law books				
<u> </u>	0 1. 0					·cc						_
9	Complete ONLY if direct expenditure to benefit C/OH		didate/Offic	eholder name	0	office sou	ght			Office h	eld	
L												_
	Date	1	/ee name									
	01/10/2025		nazon									
	Amount (\$)		ee address	-	•	Zip Co	de					
	\$387.52	120	00 12th A	e. South, Suite	1200							
L		Se	attle, WA	98144								
	PURPOSE	(a) Cat	tegory (See	Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Off	ice Overh	ead/Rental Exp	ense			—			plete Schedule T.	
								Computer equ		officeholder living nent	у ехрепѕе	
								Compater equ	aipi			
-	Complete ONLY if direct	Cano	didate/Office	eholder name	<u> </u>	office sou	aht			Office he	eld	-
	expenditure to benefit C/Oh				J		J			200 11		
H	Date	Pos	/ee name									=
	01/27/2025	1 1	nazon									
\vdash	Amount (\$)		/ee address	s; City;	State	Zip Co	nde					_
	\$12.97			s,		Zip CC	ue					
	φ12.97	1 12(00 12UI A\	o. Journ, Julie	, 1200							
		50	attle MA	0.01111								
	DUDESCE		attle, WA				<i>a</i> :					_
	PURPOSE OF			Categories listed at th	ne top of this sche	edule)	(a)	Description Check if travel of	nutsir	le of Texas Com	plete Schedule T.	
	EXPENDITURE	EV€	ent Expen	Se				_		officeholder living		
								Napkins for in				
	Complete ONLY if direct		didate/Offic	eholder name	0	office sou	ght			Office he	eld	
	expenditure to benefit C/OH	-										

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		Vages	/Contract Labor		OTHER (enter	a category not liste	d above)
				The Instruction	Guide explains	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	≣					3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 2/8 Rpt: 10/16		Morgan, Clint (The Honorable)							00085705	5	
4	Date	5	Payee name									
	05/04/2025		Amazon									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode					
	\$78.74		•	Ave. South, Su		, _,,						
	Ψ10.11		1200 12017	wo. coun, cu								
L			Seattle, WA	4 98144								
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	xpense			=			omplete Schedule T.	
								Check if Austin,	, TX,	officeholder liv	ng expense	
								Law books				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(Office sou	ght			Office	held	
L	experientare to benefit 6/61	'										
	Date		Payee name									
	02/17/2025		Aztec Even	ts and Tents								
Н	Amount (\$)	H	Payee addre	ss; City;	State	; Zip Co	de					
	\$306.96		601 W. 6th	Street								
			Houston T	V 77007								
L			Houston, T									
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
l	EXPENDITURE		Event Expe	ense				Check if travel of Check if Austin,			mplete Schedule T.	
								Officeholder				
										and on point		
⊢	Complete ONLY if direct	<u> </u>		iceholder name		Office sou	aht			Office	hald	
l	expenditure to benefit C/OI		Carialaate/On	icenolaei name	`	onice sou	giit			Office	iiciu	
⊨		_										
	Date		Payee name									
	01/15/2025		Colon & Co).								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode					
	\$2,500.00		7941 Katy I	Freeway #108								
			Houston, T.	X 77024								
H	PURPOSE	(a)	Category	ee Categories listed a	* * * # * -: -		(b)	Description				
	OF	(~,	Consulting		it the top of this sch	iedule)	(~)		outsi	de of Texas. Co	omplete Schedule T.	
l	EXPENDITURE		Consumg	Ехрепас				Check if Austin,	, TX,	officeholder liv	ng expense	
								Fundraiser ar	nd i	investiture		
1												
Г	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
\vdash												
ı												

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 3/8 Rpt: 11/16	Morgan, Clint (The Honorable)		00085705
4	Date	5 Payee name		
	05/07/2025	Colon & Co.		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
l	\$300.00	7941 Katy Freeway #108		
		Houston, TX 77024		
8	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 Fundraising expenses
				runuraising expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
ľ	expenditure to benefit C/OI		,,,,,	Office field
H	Date	Payee name		
l	04/24/2025	First Court Cheer		
┝	Amount (\$)	Payee address; City; State; Zip Cod	10	
	\$500.00	301 Fannin	ie.	
	Ψ300.00	3011 4111111		
		Houston TV 77002		
L	DUDD005	Houston, TX 77002	<i>a</i> ,	
l	PURPOSE OF	5 ((D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Office holder expense staff breakfasts
L				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
L	experialiture to benefit C/Oi	1		
l	Date	Payee name		
	02/24/2025	Great Harvest Bread Company		
l	Amount (\$)	Payee address; City; State; Zip Cod	de	
l	\$44.80	854 Kaliste Saloom Rd		
l				
		Lafayette, TX 70508		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Officeholder expense for staff
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	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 Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 4/8 Rpt: 12/16	Morgan, Clint (The Honorable) 00085705						
4 Date	5 Payee name						
02/17/2025	Harris County Universal Services						
6 Amount (\$) \$1,007.36	7 Payee address; City; State; Zip Code 1310 Prairie Suite 140 Houston, TX 77002						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder event expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
02/17/2025	Lemon Twist Bartending						
Amount (\$) \$715.80	Payee address; City; State; Zip Code 21414 Julie Marie Lane Katy, TX 77449						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder event expense						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
02/17/2025	Spec's						
Amount (\$) \$265.81	Payee address; City; State; Zip Code 11990 Westheimer Road						
	Houston, TX 77077						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder event expense						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Credit Card Payment	l 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: 5/8 Rpt: 13/16	Morgan, Clint (The Honorable) 00085705
4	Date	5 Payee name
	03/06/2025	Texas Ethics Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 12070
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fine Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fine
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/01/2025	The UPS Store
H	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	3536 Hwy 6 South
	*	
		Sugar Land, TX 77478
	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
		Mailbox rental
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/04/2025	Treebeard's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$41.68	1117 Texas St
		Houston, TX 77002
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Officeholder expense staff lunch
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 6/8 Rpt: 14/16	Morgan, Clint (The Honorable) 00085705				
4	Date	5 Payee name				
	02/17/2025	Wal-Mart Supercenter				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$77.53	2700 S. Kirkwood				
L		Houston, TX 77077				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Officeholder event expense				
		Sinceriolaer event expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
⊨	Date	Davida marra				
	01/02/2025	Payee name Winred				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$20.51	1776 Wilson Blvd., Suite 530				
		Arlington, VA 22209				
	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 Credit card processing				
		Credit card processing				
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
H	Date	Davisa nama				
	01/08/2025	Payee name Winred				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$19.70 1776 Wilson Blvd., Suite 530					
		Arlington, VA 22209				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Credit card processing				
		Credit card processing				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
I	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				
\vdash						
I						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

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

•	The Instruction Guide explains how to co	mplete this form.			
, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 7/8 Rpt: 15/16	Morgan, Clint (The Honorable)	00085705			
4 Date 01/13/2025	5 Payee name Winred				
6 Amount (\$) \$82.03	7 Payee address; City; State; Zip Co 1776 Wilson Blvd., Suite 530 Arlington, VA 22209	de			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held			
Date 01/20/2025	Payee name Winred				
Amount (\$) \$9.85	Payee address; City; State; Zip Co 1776 Wilson Blvd., Suite 530 Arlington, VA 22209	de			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 01/25/2025	Payee name Winred				
Amount (\$) \$4.10	Payee address; City; State; Zip Co 1776 Wilson Blvd., Suite 530 Arlington, VA 22209	de			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght Office held			

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/Officenoider/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 8/8 Rpt: 16/16	Morgan, Clint (The Honorable)	00085705			
4	Date	5 Payee name				
	01/28/2025	Winred				
6	Amount (\$) \$19.70	7 Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530				
		Arlington, VA 22209				
8	PURPOSE OF EXPENDITURE	/ tooodinang/banking	outside of Texas. Complete Schedule T. , TX, officeholder living expense rocessing			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/03/2025	Winred				
	Amount (\$) \$78.80	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530				
		Arlington, VA 22209				
	PURPOSE OF EXPENDITURE	/ Ccounting/Danking	outside of Texas. Complete Schedule T. , TX, officeholder living expense rocessing			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					