CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | on Guide explains how to com | plete this form. | 1 Filer ID (Ethics Commis 00083809 | ssion Filers) | 2 Total pages file | |
|--|---|---------------------|--|-----------------------------------|--|-------------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | SE ONLY |
| OFFICEHOLDER NAME | The Honorable | Matthew R. | | | Date Received ELECTRONICA | LLY FILED |
| | NICKNAME | LAST Morgan | | SUFFIX | ··· 07/15/2025 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING | 503 FM 359 #264 | PT / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or Receipt # | Date Postmarked Amount |
| ADDRESS Change of Addres | Suite 130 #226 Richmond, TX 77406 | | | | Date Processed | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER NAME | Mr. | Dave | | | | |
| | NICKNAME | LAST Vrshek | | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO P 503 FM 359 #264 | O BOX PLEASE); | AP1 | / SUITE#; CITY | ; STA | TE; ZIP CODE |
| (Residence or Busines: | Richmond, TX 77406 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHO (832) 520-9042 | ONE NUMBER E | EXTENSION | | | |
| 8 REPORT TYPE | January 15 | 30th day before | | Runoff [| 15th day after cam appointment (office | eholder only) |
| | X July 15 | 8th day before 6 | election | Exceeded modified reporting limit | Final Report (Attac | cn C/OH-FR) |
| 9 PERIOD COVERED | Month Day Year 01/01/2025 | | IROUGH | Month Day 06/30/20: | Year 25 | |
| 10 ELECTION | ELECTION DATE Month Day Year | | rimary seneral | ELECTION TYPE Runoff Special | Other | |
| 11 OFFICE | OFFICE HELD (if any) State Representative Dis | strict 26 Fort Bend | d | 12 OFFICE SOUGH State Represen | T (if known) tative District 26 | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 42

| 13 C / OH NAME | Morgan, Matthew R. | The Honorable) | 14 Filer ID 00083809 | (Ethics Commission Filers) |
|--|----------------------------------|---|---|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | olitical contributions accepted or political These expenditures may have been mad officeholders are required to report this | de without the candidate's or office | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| Ш | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURE | R NAME | |
| | | COMMITTEE CAMPAIGN TREASURE | R ADDRESS | |
| 46 CONTRIBUTION | 4 TOTAL LINUTENA | ZED DOUTICAL CONTRIBUTIONS (O | FUED THAN DIEDOES LOANS | |
| 16 CONTRIBUTION TOTALS | OR GUARANTE | ZED POLITICAL CONTRIBUTIONS (OTES OF LOANS, OR CONTRIBUTIONS N | | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES | OF LOANS) | \$ 86,544.35 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 59,264.27 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS RIOD | OF THE LAST DAY OF THE | \$ 105,954.57 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING I TING PERIOD | OANS AS OF THE LAST DAY | \$ 125,564.60 |
| 17 AFFIDAVIT | - | | | • |
| | | | nder penalty of perjury, that the acc includes all information required t ion Code. | |
| | | - | aa Hawarahla Matthau D. Mar | |
| | | | ne Honorable Matthew R. Morginature of Candidate or Officehol | |
| AFFIX NO | TARY STAMP / SEAL AB | | g | |
| Sworn to and subs | cribed before me, by the s | aid | this the | day |
| of | , 20, to ce | rtify which, witness my hand and seal of | f office. | uay |
| | | | | |
| Signature of office | cer administering | Printed name of officer administeri | ng Title of office | r administering oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | CC | OVER SHEET PG 3 3 of 42 |
|----|--------|---|-----------------------------|----------------------------|
| | ER NAM | ME Matthew R. (The Honorable) | 19 Filer ID 00083809 | (Ethics Commission Filers) |
| | | E SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 85,752.00 |
| 2. | X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 792.35 |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | | SCHEDULE E: LOANS | | \$ |
| 5. | X | \$ 59,264.27 | | |
| 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 CONT | S | | SCHEDUI | LE A1 | |
|---|---------------------------|---|--------------------|------------------------------------|---------|---|-------------|
| | The Instruc | ction Guide explains how to co | mplete this forn | n. | 1 | Total pages Schedule A1: Sch: 1/14 Rpt: 4/42 | |
| 2 | FILER NAME Morgan, Mat | thew R. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00083809 | on Filers) |
| 4 | Date 06/26/2025 | Alghali, Omar S | of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | Sugar Land, TX 77477 pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | General Con | tractor | | Self Employed | | | |
| | Date 06/26/2025 | Armenta, Ben Contributor address; City; State; Zip | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Dringing aggr | Katy, TX 77494 | 1 | Employer (See Instructions | | | |
| | Business ow | pation / Job title (See Instructions) ner | | Employer (See Instructions Self |) | | |
| | Date 06/29/2025 | Full name of contributor out- Bailey, Wilson Contributor address; City; State; Zip | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | | Richmond, TX 77407 | | | | | |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired |) | | |
| | Date 06/25/2025 | Begum, Alex | |) | | Amount of Contribution (\$) | \$15,000.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
| | Date 06/25/2025 | Begum, Alex | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10,000.00 |
| | Principal occu Lawyer | oation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
| | | | , | | | | |

| | MONET | ARY POLITICAL (| S | | SCHEDUI | E A1 | | |
|---|---------------------------|--|-------------------------|----|------------------------------------|------|---|------------|
| | The Instruc | ction Guide explains how | to complete this fo | rr | n. | 1 | Total pages Schedule A1: Sch: 2/14 Rpt: 5/42 | |
| 2 | FILER NAME Morgan, Mat | thew R. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00083809 | on Filers) |
| 4 | Date 06/29/2025 | 5 Full name of contributor Benton, Barbie6 Contributor address; City; S | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | Rosenberg, TX 77471 pation / Job title (See Instructions | 3) | 9 | Employer (See Instructions | (s) | | |
| Ŭ | Agent | panon / oob the (occ mondenone | ,, | • | Rose Rich Realty | ,, | | |
| | Date 06/30/2025 | Full name of contributor Blanscet, Melissa Contributor address; City; S | | | | | Amount of Contribution (\$) | \$150.00 |
| | | Fulshear, TX 77441 | | | | | | |
| | Principal occu retired | pation / Job title (See Instructions | s) | | Employer (See Instructions retired | s) | | |
| | Date 06/30/2025 | Full name of contributor Boyce, Kathleen Contributor address; City; S | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$500.00 |
| | | Richmond, TX 77406 | | | | | | |
| | Principal occu retired | pation / Job title (See Instructions | s) | | Employer (See Instructions retired | 5) | | |
| | Date 06/30/2025 | Full name of contributor Boyce, Kathleen Contributor address; City; S Richmond, TX 77406 | | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu retired | pation / Job title (See Instructions | 5) | | Employer (See Instructions retired | 5) | | |
| | Date 06/30/2025 | Full name of contributor Brandt, Mindy Contributor address; City; S La Vernia, TX 78121 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Self | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self | s) | | |
| | | | | | | | | |

| | MONET | ETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUL | E A1 |
|---|--------------------------------|--|-------------------------------------|----|---|---------|---|-------------|
| | The Instruc | ction Guide explains how | to complete this fo | rr | m. | 1 | Total pages Schedule A1: Sch: 3/14 Rpt: 6/42 | |
| 2 | FILER NAME Morgan, Mat | thew R. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00083809 | n Filers) |
| 4 | Date 06/26/2025 | 5 Full name of contributor Bultman, Michelle | out-of-state PAC (ID#:ate; Zip Code | |) | 7 | Amount of Contribution (\$) | \$500.00 |
| 8 | Dringinal occu | Sugar Land, TX 77478 | 1 | | Employer (See Instructions | ·/- | | |
| 0 | Legal Assista | pation / Job title (See Instructions ant |) | 9 | Gibbs Bruns | s) | | |
| | Date 06/23/2025 | Full name of contributor Cheshire, Cary Contributor address; City; St | | |) | • | Amount of Contribution (\$) | \$50.00 |
| | | Beenbrook, TX 76116 | | | | _ | | |
| | Principal occu Self-Employe | pation / Job title (See Instructions ed |) | | Employer (See Instructions Cheshire Industries | s) | | |
| | Date 06/30/2025 | Full name of contributor Clemence, Jingjing Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code | |) | • | Amount of Contribution (\$) | \$100.00 |
| | | Sugar land, TX 77479 | | | | <u></u> | | |
| | Finance | pation / Job title (See Instructions |) | | Employer (See Instructions Self | 5) | | |
| | Date 06/30/2025 | Full name of contributor Daniel, Margaret Contributor address; City; St Katy, TX 77494 | out-of-state PAC (ID#: | |) | • | Amount of Contribution (\$) | \$250.00 |
| | Principal occu retired | pation / Job title (See Instructions | | | Employer (See Instructions retired | 5) | | |
| | Date 06/28/2025 | Full name of contributor Dixon, Dorothy Contributor address; City; St Richmond, TX 77469 | out-of-state PAC (ID#: | |) | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu retired | pation / Job title (See Instructions |) | | Employer (See Instructions retired | s) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ΓΙΟΝ | IS | | SCHEDUL | E A1 |
|---|---------------------------------|--|---------|--|---------|---|------------|
| | The Instruc | ction Guide explains how to complete th | nis for | m. | 1 | Total pages Schedule A1: Sch: 4/14 Rpt: 7/42 | |
| 2 | FILER NAME Morgan, Mat | thew R. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00083809 | on Filers) |
| 4 | Date 06/24/2025 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$500.00 |
| _ | Dringing Loon | Houston, UT 77043 | - 10 | Employer (See Instructions | <u></u> | | |
| 8 | Principal occu PAC | pation / Job title (See Instructions) | 9 | Employer (See Instructions EHRA Engineering | 5) | | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (Flanagan, Robert Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Houston, TX 77018 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | President | , | | The Flanagan Company | | LC | |
| | Date 06/29/2025 | Full name of contributor out-of-state PAC (Garcia, Joe A. Contributor address; City; State; Zip Code | (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78767 | | | | | |
| | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions The Garcia Group | s) | | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (Hamman, Phil Contributor address; City; State; Zip Code Richmond, TX 77469 | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu financial Adv | pation / Job title (See Instructions) isor | | Employer (See Instructions Linscomb Wealth | 5) | | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (Hastings, David Contributor address; City; State; Zip Code Coppell, TX 75019 | (ID#: | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Public Adjus | pation / Job title (See Instructions) ter | | Employer (See Instructions My AdjusterLLC | s) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | S | | SCHEDUI | LE A1 | |
|---|--------------------------------|---|------------------------|-------|---|---------|---|------------|
| | The Instru | ction Guide explains hov | v to complete this fo | rn | n. | 1 | Total pages Schedule A1: Sch: 5/14 Rpt: 8/42 | |
| 2 | FILER NAME Morgan, Mat | thew R. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00083809 | on Filers) |
| 4 | Date 06/26/2025 | 5 Full name of contributor Heywood, Christie6 Contributor address; City; S | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Katy, TX 77494 | | | | | | |
| 8 | Principal occu homemaker | pation / Job title (See Instructions | S) 9 | | Employer (See Instructions homemaker | 5) | | |
| | Date 06/29/2025 | Full name of contributor Hillco PAC Contributor address; City; S | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Dringing Lagge | Austin, TX 78701 | | | Faralayay (Can Instructions | | | |
| | Self | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self | 5) | | |
| | Date 06/30/2025 | Full name of contributor Holloway, Robert Contributor address; City; S | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$100.00 |
| | | Richmond, TX 77469 | , | | | <u></u> | | |
| | retired | pation / Job title (See Instructions | 5) | | Employer (See Instructions retired | 5) | | |
| | Date 06/25/2025 | Full name of contributor Holzheauser, Craig Contributor address; City; S Austin, TX 78756 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu Pincipal | pation / Job title (See Instructions | 5) | | Employer (See Instructions Cornerstone | 5) | | |
| | Date 06/24/2025 | Full name of contributor Home PAC Contributor address; City; S Houston, TX 77064 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Builders Ass | pation / Job title (See Instructions | 5) | | Employer (See Instructions Greater Houston | 5) | | |
| | | | I. | | | | | |

| | MONEI | ARY POLITICAL CONT | RIBUTION | IS | | SCHEDUL | E A1 |
|---|------------------------|---|------------------|------------------------------------|----------|---|------------|
| | The Instru | ction Guide explains how to com | plete this form | n. | 1 | Total pages Schedule A1: Sch: 6/14 Rpt: 9/42 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Morgan, Mat | thew R. (The Honorable) | | | L | 00083809 | |
| 4 | Date 06/29/2025 | Full name of contributor out-of HomePAC of Texas Contributor address; City; State; Zip C | -state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78701 | ode | | | | |
| 8 | Principal occu Self | pation / Job title (See Instructions) | 9 | Employer (See Instructions Self | 5) | | |
| | Date | Full name of contributor out-of | -state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/24/2025 | Houston Apartment Association Pa | AC . | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip C | ode | | | | |
| | | Houston, TX 77041 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | PAC | | | Houston Apartment Ass | oci | ation | |
| | Date | Full name of contributor out-of | -state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2025 | Hrbacek, Dean | | | | | \$100.00 |
| | | Contributor address; City; State; Zip C | ode | |] | | |
| | | | | | | | |
| | | Sugar Land, TX 77478 | | | | | |
| | Princinal occu | pation / Job title (See Instructions) | | Employer (See Instructions | :) | | |
| | Lawyer | pation, cos tito (cos mondono) | | Hrbacek Law Firm | -, | | |
| | Date | Full name of contributor out-of | -state PAC (ID#: | | Т | Amount of Contribution (\$) | |
| | 06/30/2025 | Hu, Annie | -State PAC (ID# |) | | Amount of Contribution (4) | \$500.00 |
| | 00/30/2023 | Contributor address; City; State; Zip C | | | ł | | Ψ500.00 |
| | | Contributor address, Oity, State, Lip C | ouc | | | | |
| | | | | | | | |
| | | Katy, TX 77450 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | - | | |
| | President | | | Maxwell Flooring Distrib | uto | ors | |
| | Date | Full name of contributor out-of | -state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2025 | Independent insurance agents of 1 | Texas PAC | | | | \$250.00 |
| | | Contributor address; City; State; Zip C | ode | |] | | |
| | | | | | | | |
| | | Austin TV 78768 | | | | | |
| | Principal occur | Austin, TX 78768 pation / Job title (See Instructions) | 1 | Employer (See Instructions | رة | | |
| | Self | padon / Job ddo (Jee maddollona) | | Self | <i>)</i> | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | MONEI | IETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUI | E A1 |
|---|---------------------------|--|--|-----|---|---------|--|------------|
| | The Instru | ction Guide explains how | to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 7/14 Rpt: 10/42 | |
| 2 | FILER NAME | | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | | thew R. (The Honorable) | _ | | | L | 00083809 | |
| 4 | Date 06/30/2025 | 5 Full name of contributorJenkins, Susan6 Contributor address; City; S | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Richmond, TX 77469 | | | | | | |
| 8 | Principal occu retired | pation / Job title (See Instructions | s) | 9 | Employer (See Instructions retired | s) | | |
| | Date 06/26/2025 | Full name of contributor Kuslan, Richard Contributor address; City; S | out-of-state PAC (ID#:_ ate; Zip Code | | | | Amount of Contribution (\$) | \$200.00 |
| | Driverinal con- | Richmond, TX 77407 | | | Franks von (Cookstant) | <u></u> | | |
| | Self | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self | 5) | | |
| | Date 06/30/2025 | Full name of contributor LAROSE, Guy Contributor address; City; S | out-of-state PAC (ID#:_ ate; Zip Code | | | | Amount of Contribution (\$) | \$100.00 |
| | | Richmond, TX 77469 | | | | | | |
| | Principal occu retired | pation / Job title (See Instructions | s) | | Employer (See Instructions retired | 5) | | |
| | Date 06/23/2025 | Full name of contributor LaHood, Marc Contributor address; City; S San Antonio, TX 78232 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions | s) | | Employer (See Instructions LaHood Law PLLC | 5) | | |
| | Date 06/28/2025 | Full name of contributor Landry, Gary Contributor address; City; S Richmond, TX 77469 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu retired | pation / Job title (See Instructions | s) | | Employer (See Instructions retired | 5) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CON | S | | SCHEDUL | E A1 | |
|---|------------------------------|---|---------------------------------|--|---------|--|------------|
| | The Instruc | ction Guide explains how to co | omplete this form | n. | 1 | Total pages Schedule A1: Sch: 8/14 Rpt: 11/42 | |
| 2 | FILER NAME Morgan, Mat | thew R. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00083809 | on Filers) |
| 4 | Date 06/30/2025 | 5 Full name of contributor out | t-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$25.00 |
| 0 | Dringinal acqu | Richmond, TX 77469 | ام | Employer (See Instructions | | | |
| 8 | retired | pation / Job title (See Instructions) | | Employer (See Instructions retired |) | | |
| | Date 06/30/2025 | Full name of contributor out Law Group, Novosad Contributor address; City; State; Zip | t-of-state PAC (ID#: p Code | | | Amount of Contribution (\$) | \$2,000.00 |
| | Dringinal occu | Sugar Land, TX 77478 pation / Job title (See Instructions) | 1 | Employer (See Instructions | | | |
| | Group | pation 7 300 title (3ee instructions) | | Novosad Law | , | | |
| | Date 06/27/2025 | Full name of contributor out Lee, Audrey Contributor address; City; State; Zip | it-of-state PAC (ID#: p Code |) | | Amount of Contribution (\$) | \$7.00 |
| | | Richmond, TX 77469 | | | | | |
| | Principal occu student | pation / Job title (See Instructions) | | Employer (See Instructions student |) | | |
| | Date 06/30/2025 | Lee, Jacob | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Self | pation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
| | Date 06/30/2025 | Full name of contributor out Lyons, Matt Contributor address; City; State; Zip | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Technology | pation / Job title (See Instructions) Trainer | | Employer (See Instructions Fort Bend ISD |) | | |
| | | | ' | | | | |

| | MONEI | ARY POLITICAL C | CONTRIBUTIO | NS | | SCHEDUI | LE A1 |
|---|----------------------------|--|---|---|--------|--|------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 9/14 Rpt: 12/42 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Morgan, Mat | thew R. (The Honorable) | | | | 00083809 | |
| 4 | Date 06/30/2025 | 5 Full name of contributor McNabb, Barrett6 Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | 7 | Amount of Contribution (\$) | \$100.00 |
| • | Principal occu | NA, TX 77406 | | Employer (See Instruction | | | |
| 8 | Founder and | pation / Job title (See Instructions |) | 9 Employer (See Instruction: Consolidated Wellness | | nagement | |
| | | | _ | Consolidated Wellifess | IVIG | | |
| | Date 06/29/2025 | Full name of contributor Moak Casey PAC Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instruction | s) | | |
| | PAC | | | Moak Casey | | | |
| | Date 06/30/2025 | Full name of contributor Omoruyi, Kenneth Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | | Bellaire, TX 77401 | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instruction | s) | | |
| | CPA | | , | CKO CPAs | , | | |
| | Date 06/26/2025 | Full name of contributor Perdue Jr., Jim Contributor address; City; St Houston, TX 77056 | out-of-state PAC (ID#:ate; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Attorney | pation / Job title (See Instructions |) | Employer (See Instruction: Perdue & Kidd | s) | | |
| | Date 06/27/2025 | Full name of contributor Perez, Victor Contributor address; City; St Katy, TX 77494 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu retired | pation / Job title (See Instructions |) | Employer (See Instructions retired | s) | | |
| | | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | | SCHEDULE A1 | | |
|----------------------------------|--|--|-------------|--|----------------|---|------------|--|
| | The Instruc | ction Guide explains how to complet | te this for | n. | 1 | Total pages Schedule A1: Sch: 10/14 Rpt: 13/42 | | |
| 2 | FILER NAME Morgan, Mat | thew R. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00083809 | on Filers) | |
| 4 | Date 06/30/2025 | Full name of contributor out-of-state purcell, Doug Contributor address; City; State; Zip Code | PAC (ID#: | | 7 | Amount of Contribution (\$) | \$50.00 | |
| _ | | RICHMOND, TX 77406 | 1- | | | | | |
| 8 | Principal occu Teacher | pation / Job title (See Instructions) | 9 | Employer (See Instructions Fort Bend ISD | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Radler, Joseph Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$50.00 | | | |
| | Katy, TX 77493 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | <u> </u> s) | | | |
| | Attorney | (************************************** | | Radler Law Firm | , | | | |
| | Date 06/30/2025 | Full name of contributor out-of-state Ryan, Ron Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$50.00 | |
| | | Richmond, TX 77469 | | | | | | |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | 5) | | | |
| | Date O6/24/2025 Full name of contributor out-of-state PAC (ID#:_ Schwartz Page Harding, LLC Contributor address; City; State; Zip Code Houston, TX 77056 | | - |) | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occupation / Job title (See Instructions) PAC | | | Employer (See Instructions Schwartz Page & Hardin | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Sheffield, Dixie Contributor address; City; State; Zip Code Richmond, TX 77469 | | | Amount of Contribution (\$) | \$100.00 | | | |
| | Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired | | | | 5) | | | |
| | | | ' | | | | | |

| | MONEI | ARY POLITICAL C | SCHEDULE A1 | | | | |
|----------------------------------|---|---|---|--|------------|-----------------------------|-------------|
| | The Instru | ction Guide explains how | 1 | Total pages Schedule A1: Sch: 11/14 Rpt: 14/42 | | | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Morgan, Mat | thew R. (The Honorable) | | | | 00083809 | |
| 4 | Date 06/24/2025 | 5 Full name of contributor Southwest Tow Operators | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | 00/24/2023 | 6 Contributor address; City; Sta | | | | | Ψ1,000.00 |
| | | Plano, TX 75074 | , | | | | |
| 8 | Princinal occu | pation / Job title (See Instructions) | \ | Employer (See Instructions | :) | | |
| Ü | Operators | pation 7 300 title (See matractions) | , | Southwest Tow | ') | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2025 | Stuckly, Braxton | | | | 、 | \$20.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | Voty TV 77404 | | | | | |
| | Principal occu | Katy, TX 77494 pation / Job title (See Instructions) | <u> </u> | Employer (See Instructions | :) [| | |
| | Construction | | , | Starlight homes | ') | | |
| | | | out-of-state PAC (ID#: |) | Π | Amount of Contribution (\$) | |
| | 06/30/2025 | Terry, Dale | | , | | (1) | \$500.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | Vota TV 77450 | | | | | |
| | Principal occu | Katy, TX 77450 pation / Job title (See Instructions) | <u> </u> | Employer (See Instructions | ·/_ | | |
| | Sales | pation / 300 title (See matractions) | , | Crossroads Insurance F | | overv | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | | Г | Amount of Contribution (\$) | |
| | 06/24/2025 | Texans for Truth & Liberty | _ ` | | | ` ' | \$25,000.00 |
| | 00/2 1/2020 | Contributor address; City; Sta | | | | | 420,000.00 |
| | | | , _,p ===== | | | | |
| | | | | | | | |
| | | Austin, TX 78701 | <u> </u> | | <u></u> | | |
| | Principal occu | pation / Job title (See Instructions) |) | Employer (See Instructions Texans for Truth & Liber | | | |
| | | T = " | | Texails for Truth & Liber | ııy | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢2 E00 00 |
| | 06/25/2025 Texas Land Title Association PAC | | | | \$2,500.00 | | |
| | | Contributor address; City; Sta | ate, zip Code | | | | |
| | | | | | | | |
| | | Austin, TX 78703 | | | | | |
| | | pation / Job title (See Instructions) |) | Employer (See Instructions | 5) | | |
| Association PAC Texas Land Title | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRI | SCHEDULE A1 | | | | |
|---|---|--|---------------|---|-----------------------------|---|------------|
| | The Instruc | ction Guide explains how to comple | ete this form | n. | 1 | Total pages Schedule A1: Sch: 12/14 Rpt: 15/42 | |
| 2 | FILER NAME Morgan, Mat | thew R. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00083809 | on Filers) |
| 4 | Date 06/29/2025 | Full name of contributor | PAC (ID#: | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 0 | Dringing coou | Austin, TX 78759 | lo. | Employer (See Instructions | _ | | |
| 8 | Principal occu PAC | pation / Job title (See Instructions) | 9 | Employer (See Instructions TMHA | ·) | | |
| | Date 06/23/2025 | Full name of contributor out-of-state Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code | PAC (ID#: | | | Amount of Contribution (\$) | \$2,500.00 |
| | Dringinal occu | Austin, TX 78701 | | Employer (See Instructions | _ | | |
| | Association I | pation / Job title (See Instructions) PAC | | Texas Trial Lawyers | ') | | |
| | Date 06/30/2025 | | |) | | Amount of Contribution (\$) | \$2,000.00 |
| | | Victoria, TX 77901 | | | | | |
| | Principal occu Self | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$100.00 | |
| | | | | Employer (See Instructions KJT Consulting INC | () | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Townsend, Carol Contributor address; City; State; Zip Code Richmond, TX 77469 | | | Amount of Contribution (\$) | \$100.00 | | |
| | Principal occupation / Job title (See Instructions) retired Employer (See Instruction retired | | | | i) | | |
| | | | • | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | | SCHEDULE A1 | | |
|------------------------------------|--|--|------------------------------------|---|---|-----------------------------|------------|--|
| | The Instru | ction Guide explains how to | 1 | Total pages Schedule A1: Sch: 13/14 Rpt: 16/42 | | | | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) | |
| | Morgan, Mat | thew R. (The Honorable) | | | | 00083809 | | |
| 4 | Date 06/26/2025 | 5 Full name of contributor | out-of-state PAC (ID#: Zip Code |) | 7 | Amount of Contribution (\$) | \$100.00 | |
| | | Richmond, TX 77469 | | | | | | |
| 8 | Principal occu retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions retired | 5) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | | |
| | 06/29/2025 | WR Brannan & Associates, L | LC | | | | \$500.00 | |
| | | Contributor address; City; State; | Zip Code | | | | | |
| | | Austin, TX 78701 | | | | | | |
| | Principal occu | Employer (See Instructions | | | | | | |
| | Manager | | | WR Brannan & Associat | tes | | | |
| | Date | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | | |
| | 06/29/2025 | Wholesale Beer Distributors T | Гехаs BW-PAC | |] | | \$1,000.00 | |
| | | Contributor address; City; State; | Zip Code | | | | | |
| | | | | | | | | |
| | | Austin, TX 78701 | | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>L</u> S) | | | |
| | BW-PAC | | | Wholesale Beer Distribu | sale Beer Distributors of Texas | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | | |
| | 06/30/2025 | Wong, Daniel | | | | ., | \$5,000.00 | |
| | | Contributor address; City; State; | Zip Code | | 1 | | | |
| | | | | | | | | |
| | | Missouri City, TX 77459 | | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | | |
| | Engineer | , | | Tolunay Wong Engineer | rs, | nc. | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Π | Amount of Contribution (\$) | | |
| | 06/30/2025 | Zhao, Austin | | | | | \$500.00 | |
| | Contributor address; City; State; Zip Code | | 1 | | | | | |
| | | | | | | | | |
| | | Pearland, TX 77584 | | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | | |
| Vice President Transworld Business | | | | | | ors | | |
| _ | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| MONE | TARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 |
|----------------------------|---|---|--|
| The Instr | uction Guide explains how to complete this | 1 Total pages Schedule A1: Sch: 14/14 Rpt: 17/42 | |
| 2 FILER NAM | E atthew R. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00083809 |
| 4 Date 06/30/2029 | 5 Full name of contributor out-of-state PAC (ID# | | 7 Amount of Contribution (\$) \$1,000.00 |
| | Richmond, TX 77469 | 1 | |
| B Principal oc retired | cupation / Job title (See Instructions) | 9 Employer (See Instruction retired | is) |
| Date 06/27/202 | Full name of contributor out-of-state PAC (ID# amuta, christian Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$50.00 |
| | Richmond, TX 77407 | | |
| Principal oc Project Ma | cupation / Job title (See Instructions) nagement | Employer (See Instruction COA Catastrophe Solu | |
| | | | |

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: 18/42 3 Filer ID (Ethics Commission Filers) FILER NAME Morgan, Matthew R. (The Honorable) 00083809 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/26/2025 Ingersoll, Deborah (Mrs.) \$275.00 | Event reminders 7 Contributor address; City; State; Zip Code Austin, TX 78763 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Legislative Solutions Owner 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 06/30/2025 McCarty, Max (Mr.) \$517.35 | Food for Event Contributor address; City; State; Zip Code Katy, TX 77450 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mac Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | |
|---|--|---|--|
| Ļ | | The Instruction Guide explains how to complete this form. | |
| 1 | . 3 | | |
| | Sch: 1/24 Rpt: 19/42 | Morgan, Matthew R. (The Honorable) 00083809 | |
| 4 | Date | 5 Payee name | |
| | 01/21/2025 | Behind the Badge Charities, Inc | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$1,000.00 | 202 Century Square Blvd, | |
| | | | |
| | | Sugar Land, TX 77478 | |
| 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 | |
| | | event | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| | experiulture to beliefft C/Of | | |
| | Date | Payee name | |
| | 06/05/2025 | Campaign Verify | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$95.00 | 1215 31st Street NW | |
| | | PO Box 3554 | |
| | | Washington, DC 20007 | |
| _ | PURPOSE | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense | |
| | | fee to verify | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | H | |
| | Date | Payee name | |
| | 05/31/2025 | Capital Gift Shop | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$123.68 | 1400 N Congress Ave. Ste E1006. | |
| | 4120.00 | | |
| | | Austin, TX 78701 | |
| | DUDDOSE | I a | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | gift | |
| | | | |
| | 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

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 | / - al Con | nmittee | Gift/Awards/Memoria Legal Services | · | | /ages | /Contract Labor | | Travel Out of D OTHER (enter | District a category not listed above) | |
|---|--|---------------|---------------|---------------------------------------|-----------------------|------------|-------|--|-------|---------------------------------|--|---|
| L | | | | The Instruction | Guide explains | how to co | mple | ete this form. | _ | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |) |
| | Sch: 2/24 Rpt: 20/42 | ⊢ | | tthew R. (The | Honorable) | | | | | 00083809 | | |
| 4 | Date | ı | Payee name | | | | | | | | | |
| L | 06/04/2025 | L | Cardboard (| Cutout Stande | e | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State | ; Zip Co | de | | | | | |
| | \$394.18 | | 1500 Green | Bay Street Su | uite 502 | | | | | | | |
| | | | | | | | | | | | | |
| | | | La Crosse, | WI 54601 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed a | t the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Advertising | | į 30i | -/ | | _ ` | outsi | de of Texas. Co | mplete Schedule T. | |
| | LAFLINDITORE | | | | | | | <u> </u> | , TX, | officeholder livir | ng expense | |
| | | | | | | | | sign | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | andidate/Offi | eholder name | | Office sou | ght | | _ | Office h | neld | |
| L | expenditure to benefit C/O | H | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 02/11/2025 | | Central Fort | Bend Chamb | er | | | | | | | |
| | Amount (\$) | H | Payee addres | s; City; | State | ; Zip Co | de | | | | | |
| | \$375.00 | ı | 4120 Avenu | | | • | | | | | | |
| | , | | | • | | | | | | | | |
| | | | Rosenberg, | TX 77471 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | t the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Advertising | | | , | | | outsi | de of Texas. Co | mplete Schedule T. | |
| | LAFENDITURE | | J | • | | | | — | , TX, | officeholder livir | ng expense | |
| | | | | | | | | ad | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Offi | eholder name | (| Office sou | ght | | | Office h | neld | |
| | | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 03/10/2025 | | Chick-a-Fila | | | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State | ; Zip Co | de | | | | | |
| | \$1,193.40 | | 600 Congre | ss Ave | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8731 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | t the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | | = | | | mplete Schedule T. | |
| | ZA LIBITORL | | | | | | | <u>. </u> | , TX, | officeholder livir | ng expense | |
| | | | | | | | | food | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | andidate/Offi | eholder name | (| Office sou | ght | | | Office h | neld | |
| | expenditure to beliefft C/Of | ' | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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 Salaries (Contract Labor

nt Solicitation/Fundraising Expense
e 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: 3/24 Rpt: 21/42 | Morgan, Matthew R. (The Honorable) 00083809 |
| 4 | Date | 5 Payee name |
| | 04/02/2025 | Clayton Spangler Photographic Design |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$549.00 | 405 Hemingway Ave |
| | | |
| | | Charleston, WV 25311 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Photo |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | - |
| | Date | Payee name |
| | 01/13/2025 | County Line BBQ |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,588.05 | 5204 FM 2222 |
| | | |
| | | Austin, TX 78731 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Food |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | н |
| | Date | Payee name |
| | 04/07/2025 | Davis, Miachael (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$944.00 | 5501 Highland Crest Dr |
| | | |
| | | Austin, TX 78731 |
| | 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. |
| | | COS travel to district |
| | | COS travel to district |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

Fees Office Overhead/R
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Ct

| 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: 4/24 Rpt: 22/42 | Morgan, Matthew R. (The Honorable) 00083809 |
| 4 Date | 5 Payee name |
| 01/23/2025 | Event Brite |
| 6 Amount (\$) \$25.02 | 7 Payee address; City; State; Zip Code 95 Third Street, 2nd Floor San Francisco, CA 94103 |
| 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 event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date | Payee name |
| 01/21/2025 | FBCA |
| Amount (\$) \$414.51 | Payee address; City; State; Zip Code 1250 7th St |
| | Sugar Land, TX 77478 |
| 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 Event |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date | Payee name |
| 03/07/2025 | Fort Bend Chamber of Commerce |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 445 Commerce Green Blvd |
| | Sugar Land, TX 77478 |
| 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 chamber fees |
| 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)

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
Legal Services

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: 5/24 Rpt: 23/42 | Morgan, Matthew R. (The Honorable) 00083809 |
| 4 | Date | 5 Payee name |
| | 02/20/2025 | Fort Bend County Republican Party |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2,500.00 | P. O. Box 461 |
| | | |
| | | Sugar Land, TX 77487 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense LRD |
| | | LIND |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 05/27/2025 | Freytag's Florist |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$86.33 | 2211 W Anderson Ln |
| | | |
| | | Austin, TX 78757 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Gift |
| | | Sit |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | 01/28/2025 | HEB |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$132.30 | 2701 E 7th Street |
| | | |
| | | Austin, TX 78702 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | food |
| | 0 1. 5 | |
| | 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 Loan Repayment/Reimbu

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

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

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: 6/24 Rpt: 24/42 | Morgan, Matthew R. (The Honorable) 00083809 |
| 4 | Date | 5 Payee name |
| | 03/06/2025 | HEB |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$49.38 | 2701 E 7th Street |
| | | |
| | | Austin, TX 78702 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense food and beverage |
| | | lood and beverage |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊨ | Data | Development |
| | Date | Payee name |
| L | 03/19/2025 | Harland Clarke |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$123.43 | 15955 La Cantera Parkway |
| | | |
| | | San Antonio, TX 75256 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense check order fee |
| | | Check older lee |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊨ | Data | |
| | Date 06/30/2025 | Payee name |
| | | Highlevel |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$103.41 | 400 N Saint Paul St. Suite 920 |
| | | |
| | | Dallas, TX 75201 |
| | 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 |
| | | crm |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| I | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| L | | |

SCHEDULE F1

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

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: 7/24 Rpt: 25/42 | Morgan, Matthew R. (The Honorable) 00083809 |
| 4 | Date | 5 Payee name |
| | 01/27/2025 | IT Caucus TX |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | 1108 Lavaca Street |
| | | Ste 110-701 |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | fees |
| _ | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/29/2025 | Jack Brown Cleaners |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$116.37 | 615 W MLK JR |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Cleaning Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense cleaning |
| | | Old alling |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 03/06/2025 | Katy Area Chamber of Commece |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$40.00 | 814 East Avenue |
| | | Ste G |
| | | Katy, TX 77493 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | event |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

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

| | 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 File | | | | | | |
| | Sch: 8/24 Rpt: 26/42 | Morgan, Matthew R. (The Honorable) 00083809 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 04/15/2025 | Katy ISD FFA | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$1,040.00 | 6301 South Stadium Lane | | | | | | |
| | | | | | | | | |
| | | Katy, TX 77494 | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Gift | | | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | | |
| | Date | Payee name | | | | | | |
| | 06/25/2025 | Kohl's | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$86.58 | N56 W17000 Ridgewood Drive | | | | | | |
| | | | | | | | | |
| | | Menomonee Falls, WI 53051 | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | gift | | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | | |
| | Date | Payee name | | | | | | |
| | 01/31/2025 | MOVE IT STORAGE | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$64.00 | 5030 5115 FM 359 | | | | | | |
| | | | | | | | | |
| | | Richmond, TX 77406 | | | | | | |
| | 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 | | | | | | |
| | | rental | | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | 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: 9/24 Rpt: 27/42 | Morgan, Matthew R. (The Honorable) 00083809 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 03/03/2025 | MOVE IT STORAGE | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$77.00 | 5030 5115 FM 359 | | | | |
| | | | | | | |
| | | Richmond, TX 77406 | | | | |
| 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 | | | | |
| | | rental space | | | | |
| | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | experiulture to belieff C/Or | | | | | |
| | Date | Payee name | | | | |
| | 03/31/2025 | MOVE IT STORAGE | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$77.00 | 5030 5115 FM 359 | | | | |
| | 4 | | | | | |
| | | Richmond, TX 77406 | | | | |
| _ | PURPOSE | I | | | | |
| | 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 | | | | |
| | | storage | | | | |
| | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/OI | 1 | | | | |
| H | Date | Payee name | | | | |
| | 04/30/2025 | MOVE IT STORAGE | | | | |
| _ | | | | | | |
| | Amount (\$) | | | | | |
| | \$77.00 | 5030 5115 FM 359 | | | | |
| | | | | | | |
| | | Richmond, TX 77406 | | | | |
| | 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 | | | | |
| | | storage | | | | |
| | Complete ONLY if allowers | Condidate/Officeholder name | | | | |
| | Complete <u>ONLY</u> 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 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: 10/24 Rpt: 28/42 | Morgan, Matthew R. (The Honorable) | 00083809 |
| 4 | Date | 5 Payee name | |
| | 05/30/2025 | MOVE IT STORAGE | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$89.00 | 5030 5115 FM 359 | |
| | | | |
| | | Richmond, TX 77406 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | el outside of Texas. Complete Schedule T. |
| | | Check if Aust | tin, TX, officeholder living expense |
| | | Siorage | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| , | expenditure to benefit C/O | | Office field |
| _ | Date | Davida nama | |
| | 06/30/2025 | Payee name MOVE IT STORAGE | |
| | | | |
| | Amount (\$) | Payee address; City; State; Zip Code 5030 5115 FM 359 | |
| | \$89.00 | 2030 2112 FM 328 | |
| | | 5:4 4 5% 55400 | |
| | | Richmond, TX 77406 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Onice Overnedd/Nerital Expense | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense |
| | | storage | 3 · h · · · |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OH | Н | |
| | Date | Payee name | |
| | 04/15/2025 | Mammoth Marketing Group | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1,257.87 | 4500 Bissonnet Street | |
| | | | |
| | | Bellaire, TX 77401 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | | el outside of Texas. Complete Schedule T. |
| | EXPENDITORE | - | tin, TX, officeholder living expense |
| | | ads | |
| | 0 1 0 0 1 1 1 1 | | 000 |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought H | Office held |
| | | | |
| | | | |
| | | | |

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)

| l | 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) | |
| l | Sch: 11/24 Rpt: 29/42 | Morgan, Matthew R. (The Honorable) 00083809 | |
| 4 | Date | 5 Payee name | _ |
| l | 04/22/2025 | Morgan, Matthew | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| l | \$20,000.00 | 1619 Rambling Stone Dr | |
| l | | | |
| l | | Richmond, TX 77406 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| l | OF | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Partial Loan Repayment | |
| Ļ | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| L | ' | | |
| l | Date | Payee name | |
| | 01/02/2025 | Name Badges, Inc. | |
| l | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$226.98 | 12240 SW 53rd Street | |
| | | Suite 511 | |
| | | Cooper City, FL 33330 | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| l | | Check if Austin, TX, officeholder living expense Name Badges | |
| | | Name Baages | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| F | Date | Payee name | _ |
| l | 02/18/2025 | Name Badges, Inc. | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$70.27 | 12240 SW 53rd Street | |
| l | , - | Suite 511 | |
| | | Cooper City, FL 33330 | |
| ⊢ | PURPOSE | | |
| l | OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | badge | |
| L | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| L | experientare 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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | |
|----------|--|---|--|--|--|--|--|
| - | Total pages Cabadula 54: | | | | | | |
| 1 | Total pages Schedule F1: | | | | | | |
| L | Sch: 12/24 Rpt: 30/42 | Morgan, Matthew R. (The Honorable) 00083809 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 01/31/2025 | Nokonah 315 LLC | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| ľ | \$2,950.00 | 901 W 9th Street | | | | | |
| | Ψ2,330.00 | 301 W Still Stiect | | | | | |
| | | | | | | | |
| | | Austin, TX 78703 | | | | | |
| 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. | | | | | |
| | LAFENDITORE | X Check if Austin, TX, officeholder living expense | | | | | |
| | | travel | | | | | |
| L | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | |
| H | Date | Payee name | | | | | |
| | 03/07/2025 | Nokonah 315 LLC | | | | | |
| | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$2,950.00 | 901 W 9th Street | | | | | |
| | | | | | | | |
| | | Austin, TX 78703 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | X Check if Austin, TX, officeholder living expense | | | | | |
| | | travel | | | | | |
| | | | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/O | • · · · · · · · · · · · · · · · · · · · | | | | | |
| H | | | | | | | |
| | Date | Payee name | | | | | |
| L | 04/11/2025 | Nokonah 315 LLC | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$2,950.00 | 901 W 9th Street | | | | | |
| | | | | | | | |
| | | Austin, TX 78703 | | | | | |
| | DUDDOCE | 1 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayas, Complete Schedule T | | | | | |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | apartment | | | | | |
| | | αραιτησητ | | | | | |
| | Operation ONE VIII II | Open Highest (Office health a grants) | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | |
| | onportation to portation or other | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 | 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: 13/24 Rpt: 31/42 | Morgan, Matthew R. (The Honorable) 00083809 |
| 4 | Date | 5 Payee name |
| | 01/01/2025 | Nokonah 315 LLC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$5,800.00 | 901 W 9th Street |
| | | |
| | | Austin, TX 78703 |
| 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. |
| | | |
| | | αρραιτίτετι |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 05/12/2025 | Nokonah 315 LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,950.00 | 901 W 9th Street |
| | | |
| | | Austin, TX 78703 |
| | 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. |
| | | |
| | | αραιτιπετιτ |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | Device same |
| | Date 02/20/2025 | Payee name OpenAl |
| | | · |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$21.28 | 548 Market Street |
| | | |
| | | San Fracisco, CA 94104 |
| | 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 office |
| | | Office |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

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

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

| | 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: 14/24 Rpt: 32/42 | Morgan, Matthew R. (The Honorable) 00083809 |
| 4 | Date | 5 Payee name |
| | 03/20/2025 | OpenAl |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$21.28 | 548 Market Street |
| | | |
| | | San Fracisco, CA 94104 |
| 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 office |
| | | Office |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/O | the state of the s |
| | | |
| | Date | Payee name |
| | 04/21/2025 | OpenAl |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$21.28 | 548 Market Street |
| | | |
| | | San Fracisco, CA 94104 |
| | 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 office |
| | | Office |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 05/20/2025 | OpenAl |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$21.28 | 548 Market Street |
| | | |
| | | San Fracisco, CA 94104 |
| | 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 |
| | | office |
| | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold |
| | 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 -

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 | 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: 15/24 Rpt: 33/42 | Morgan, Matthew R. (The Honorable) 00083809 | | | |
| 4 | Date | 5 Payee name | | | |
| | 06/20/2025 | OpenAI | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$21.28 | 548 Market Street | | | |
| | | | | | |
| | | San Fracisco, CA 94104 | | | |
| 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 overhead | | | |
| | | overnedu | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| | Date | Payee name | | | |
| | 05/27/2025 | Perlis | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$171.00 | 6070 Magazine Street | | | |
| | | | | | |
| | | New Orleans, LA 70118 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | gift | | | |
| | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | 1 | | | |
| | Date | Payee name | | | |
| | 06/06/2025 | Phone.com | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$1,003.29 | 625 Brood Street | | | |
| | | Suite 240 | | | |
| | | Newark, NJ 07102 | | | |
| | 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. | | | |
| | ZA ZABITORZ | Check if Austin, TX, officeholder living expense | | | |
| | | phones | | | |
| _ | 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

| | 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: 16/24 Rpt: 34/42 | Morgan, Matthew R. (The Honorable) 00083809 |
| 4 | Date | 5 Payee name |
| | 02/13/2025 | Randalls |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$42.45 | 3663 Briarpark Drive |
| | | |
| | | Houston, TX 77042 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | event |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 02/10/2025 | TCC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | PO Box 2659 |
| | \$1,000.00 | PO BOX 2009 |
| | | Austin, TX 75768 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense fees |
| | | 1003 |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name TDCJ |
| | 02/14/2025 | 12.51 |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$796.73 | 8610 Shoal Creek Boulevard |
| | | |
| | | Austin, TX 78757 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Gifts |
| | | Gilla |
| _ | 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 -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: 17/24 Rpt: 35/42 | Morgan, Matthew R. (The Honorable) 00083809 |
| 4 | Date | 5 Payee name |
| | 04/03/2025 | TDCJ |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$441.66 | 8610 Shoal Creek Boulevard |
| | | |
| | | Austin, TX 78757 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense |
| | | Check if Austin, TX, officeholder living expense gift |
| | | giit |
| _ | Compulate ONII V if direct | Condidate/Office helder name Office accords |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | · | |
| | Date | Payee name |
| | 05/09/2025 | TDCJ |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$578.06 | 8610 Shoal Creek Boulevard |
| | | |
| | | Austin, TX 78757 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | gifts |
| | | giite |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Date | Payee name |
| | 02/10/2025 | Payee name Texas House Republican Caucus |
| | | · |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | P.O. Box 12910 |
| | | |
| | | Austin, TX 78711 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense dues |
| | | uucs |
| _ | 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 Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | 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 I | Filers) |
| | Sch: 18/24 Rpt: 36/42 | | Morgan, Ma | tthew R. (The F | lonorable) | | | | | 00083809 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 02/12/2025 | | Texas Lobb | y Guide | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; Zi | p Cod | le | | | | | |
| | \$50.00 | | P.O. Box 46 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Antonio | TX 78246 | | | | | | | | |
| Ļ | DUDDOCE | (0) | | | | 1, | 'b\ | 5 | | | | |
| 8 | PURPOSE OF | (a) | | ee Categories listed at t | |) [| (D) | Description Check if travel | outei | de of Teyes Con | iplete Schedule T. | |
| | EXPENDITURE | | Office Overi | nead/Rental Exp | pense | | | = | | officeholder living | • | |
| | | | | | | | | office | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offi | ceholder name | Office | e soug | ht | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| H | Date | | Payee name | | | | | | | | | |
| | 06/27/2025 | | UPS | | | | | | | | | |
| _ | Amount (\$) | \vdash | Payee addres | ss; City; | State; Zi | n Cod | le. | | | | | |
| | \$53.56 | | 2407 S Con | | | , | | | | | | |
| | 400.00 | | Ste E | g. 000 / 11 0 | | | | | | | | |
| | | | | 70721 | | | | | | | | |
| | | ļ., | Austin, TX 7 | | | | | | | | | |
| | PURPOSE OF | (a) | | ee Categories listed at t | |) (| b) | Description | outoi | do of Toyon Com | iplete Schedule T. | |
| | EXPENDITURE | | Expense | ion Equipment A | and Related | | | = | | officeholder living | | |
| | | | Дирепос | | | | | shipping | | | | |
| | | | | | | | | | | | | |
| Complete ONLY if direct | | | | ceholder name | Office | e soug | ht | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 01/02/2025 | | VistaPrint C | orp | | | | | | | | |
| | Amount (\$) | \vdash | Payee addres | | State; Zi | p Cod | le | | | | | |
| | \$223.08 | | 275 Wyman | | , | | | | | | | |
| | , | | | | | | | | | | | |
| | | | Walton, MA | 07102 | | | | | | | | |
| | PURPOSE | (-) | | | | 1, | 'L-\ | 5 | | | | |
| | OF | (a) | | ee Categories listed at t | he top of this schedule |) [| D) | Description Check if travel | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | Advertising | Expense | | | | = | | officeholder livin | | |
| | | | | | | | | Cards | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | Office | e soug | ht | | | Office h | eld | |
| | expenditure to benefit C/OH | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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: 19/24 Rpt: 37/42 | Morgan, Matthew R. (The Honorable) 00083809 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 02/18/2025 | VistaPrint Corp | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$56.29 | 275 Wyman Street | | | | |
| | | | | | | |
| | | Walton, MA 07102 | | | | |
| 8 | 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 cards | | | | |
| | | carus | | | | |
| <u>_</u> | Complete ONU V if alice | Condidate/Officeholder name | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | | | | | | |
| | Date | Payee name | | | | |
| | 06/12/2025 | VistaPrint Corp | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$73.29 | 275 Wyman Street | | | | |
| | | | | | | |
| | | Walton, MA 07102 | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | printing | | | | |
| | | printing | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/O | | | | | |
| | | | | | | |
| | Date | Payee name | | | | |
| | 06/27/2025 | VistaPrint Corp | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$132.79 | 275 Wyman Street | | | | |
| | | | | | | |
| | | Walton, MA 07102 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Printing Expense | | | | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | | | | |
| | | printing | | | | |
| | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| | onponditure to benefit O/OTT | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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 | 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: 20/24 Rpt: 38/42 | Morgan, Matthew R. (The Honorable) 00083809 |
| 4 | Date | 5 Payee name |
| | 01/21/2025 | Wix.com |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$10.61 | 500 Terry A Francois Boulevard |
| | | Sixth Floor |
| | | San Francisco, CA 94158 |
| 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 website |
| | | website |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 01/27/2025 | Wix.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$45.68 | 500 Terry A Francois Boulevard |
| | | Sixth Floor |
| | | San Francisco, CA 94158 |
| | 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 Website |
| | | 1105010 |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 02/20/2025 | Wix.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.61 | 500 Terry A Francois Boulevard |
| | | Sixth Floor |
| | | San Francisco, CA 94158 |
| | 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 |
| | | website |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | • • • • • • • • • • • • • • • • • • • |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 | 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: 21/24 Rpt: 39/42 | Morgan, Matthew R. (The Honorable) 00083809 | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| | 02/25/2025 | Wix.com | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$45.68 | 500 Terry A Francois Boulevard | | | | | | | | | |
| | | Sixth Floor | | | | | | | | | |
| | | San Francisco, CA 94158 | | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF EXPENDITURE | Advertising Expense | | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense website | | | | | | | | | |
| | | website | | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | expenditure to benefit C/O | | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 03/25/2025 | Wix.com | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$45.68 | 500 Terry A Francois Boulevard | | | | | | | | | |
| | | Sixth Floor | | | | | | | | | |
| | | San Francisco, CA 94158 | | | | | | | | | |
| | 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 Website | | | | | | | | | |
| | | Website | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 03/20/2025 | Wix.com | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$10.61 | 500 Terry A Francois Boulevard | | | | | | | | | |
| | | Sixth Floor | | | | | | | | | |
| | | San Francisco, CA 94158 | | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | | | | | | | | |
| | ZA ZABITORZ | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | website | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | expenditure to benefit C/O | | | | | | | | | | |
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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 | | Travel Out of District OTHER (enter a category not listed above) | | | | | | | | |
|-------------------------|--|---|--|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ | | | | | | | | |
| - | Sch: 22/24 Rpt: 40/42 | Morgan, Matthew R. (The Honorable) 00083809 | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| | 04/21/2025 | Wix.com | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$10.61 | 500 Terry A Francois Boulevard | | | | | | | | | |
| | | Sixth Floor | | | | | | | | | |
| | | San Francisco, CA 94158 | | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ | | | | | | | | |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | web | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | Date | Payee name | _ | | | | | | | | |
| | 04/25/2025 | Wix.com | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ | | | | | | | | |
| | \$45.68 | 500 Terry A Francois Boulevard | | | | | | | | | |
| | Ψ-10.00 | | | | | | | | | | |
| | | Sixth Floor | | | | | | | | | |
| | | San Francisco, CA 94158 | | | | | | | | | |
| | 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 | | | | | | | | | |
| | | web | | | | | | | | | |
| | | | _ | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 05/26/2025 | Wix.com | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$45.68 | 500 Terry A Francois Boulevard | | | | | | | | | |
| | | Sixth Floor | | | | | | | | | |
| San Francisco, CA 94158 | | | | | | | | | | | |
| | | <u> </u> | _ | | | | | | | | |
| | 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 | | | | | | | | | |
| | | website | | | | | | | | | |
| | | | | | | | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ | | | | | | | | |
| | expenditure to benefit C/O | | | | | | | | | | |
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SCHEDULE F1

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

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

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

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

| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Gildwards/memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Cuide explains bout to complete this form | | | | | OTHER (enter a category not listed above) | | | |
|---|---|--------------|---|---|-----------------------|------------------|--|---|---|----------------------------|--|
| | | | | The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 Total pages Schedule F1: | | | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 23/24 Rpt: 41/42 | | Morgan, Ma | tthew R. (The Ho | norable) | | | | 00083809 | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| | 05/20/2025 | | Wix.com | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; Zip Co | ode | | | | | |
| | \$10.61 | | 500 Terry A | Francois Bouleva | ard | | | | | | |
| | | | Sixth Floor | | | | | | | | |
| San Francisco, CA 94158 | | | | | | | | | | | |
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| 8 | PURPOSE OF | (a) | (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 | | Office Overl | head/Rental Expe | ense | | | | de of Texas. Com , officeholder living | • | |
| | | | | | | | website | , 17, | Onicendidei iiving | у схрепас | |
| | | | | | | | Wobolio | | | | |
| Ļ | Commission ONII V if direct | <u> </u> | Caradidata/Offi | | O#: | . culo t | | | Office h | -1.d | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Jandidate/Offi | ceholder name | Office sou | ıgnt | | | Office he | eia | |
| | · | _ | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 06/20/2025 | | Wix.com | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; Zip Co | ode | | | | | |
| | \$10.61 | | 500 Terry A | Francois Bouleva | ard | | | | | | |
| | | | Sixth Floor | | | | | | | | |
| | | | San Francis | sco, CA 94158 | | | | | | | |
| | PURPOSE | (2) | | | | (h) | Description | | | | |
| | OF | (a) | | ee Categories listed at the | | (0) | Description Check if travel | outsi | de of Texas, Com | nlete Schedule T | |
| | EXPENDITURE | | Office Over | nead/Rental Expense | | = | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| website | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder name | Office sou | <u>l</u> ught | | | Office he | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
| | Date | Π | Payee name | | | | | | | | |
| | 06/25/2025 | | Wix.com | | | | | | | | |
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| | Amount (\$) | | Payee addres | • | State; Zip Co | ode | | | | | |
| | \$45.68 | | - | Francois Bouleva | ara | | | | | | |
| | | | Sixth Floor | xth Floor | | | | | | | |
| San Francisco, CA 94158 | | | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the | top of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | | head/Rental Expe | | | Check if travel | outsi | de of Texas. Com | plete Schedule T. | |
| EXPENDITURE Office Overhead/Nertal Expense Check if Austin, TX, officeholder living expense | | | | | | | | g expense | | | |
| website | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder name | Office sou | ıght | | | Office he | eld | |
| | expenditure to benefit C/OI | H | | | | | | | | | |
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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 | | Gift/Awards/Memorials Expense Printing Expense mmittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | | | Travel Out of District OTHER (enter a category not listed above) | | | |
|-------------|--|----------|--|-----------------------|---------------------|------------|----------|--|-------|--|-------------|-----------------|--|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Com | mission Filers) | |
| | Sch: 24/24 Rpt: 42/42 | ı | | tthew R. (The | Honorable) |) | | | | 00083809 | (| , | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 05/27/2025 | | Zazzle Inc | | | | | | | | | | |
| 6 | Amount (\$) | ı | Payee addres | | Stat | e; Zip Co | de | | | | | | |
| | \$100.17 | | 1800 Seaport Blvd | | | | | | | | | | |
| | | | Redwood C | ty, CA 94063 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed a | t the top of this s | chedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Gift/Awards/ | Memorials Ex | pense | | | | | de of Texas. Con | | Г. | |
| | | | | | | | | _ | , TX, | officeholder living | g expense | | |
| | | | | | | | | gift | | | | | |
| _ | Opening ONLY & Street | <u> </u> |) - - + - Off: | | | 045 | 1-4 | | | O#: I- | -1-1 | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Offic | ceholder name | | Office sou | gnt | | | Office h | ela | | |
| | Date | | Payee name | | | | | | | | | | |
| | 06/20/2025 | | Zoho | | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | Stat | e; Zip Co | de | | | | | | |
| | \$1,890.00 | | 4141 Hacier | nda Drive | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Pleasanton, | CA 94588 | | | | | | | | | |
| | PURPOSE OF | | | e Categories listed a | | chedule) | (b) | Description | | | | _ | |
| EXPENDITURE | | | Office Overhead/Rental Expense | | | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
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| | Complete ONLY if direct | <u> </u> | andidate/Offic | ceholder name | | Office sou | ght | | | Office h | eld | | |
| | expenditure to benefit C/OI | | | | | | <u> </u> | | | | | | |
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