# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commi 00083199		2 Total pages filed: 29
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Christina			Date Received
					ELECTRONICALLY FILED
					07/11/2025
	NICKNAME	LAST		SUFFIX	07/11/2023
		Morales			
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	2901 Canal St.				
ADDRESS					Receipt # Amount
Change of Address	Houston, TX 77003				
					Date Processed
					Date Imaged
					Date illiageu
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>
TREASURER	Ms.	Graciela G.		IVII	
NAME	IVIS.	Oracicia O.			
	NIOVALANAE			OUEEN	
	NICKNAME	LAST		SUFFIX	
		Saenz			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	O BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	5503 Lawndale St.				
(Residence or Business)					
	Houston, TX 77023				
7 CAMBAICNI	ADEA CODE DUG	NE NUMBER E	VIENCION		
7 CAMPAIGN TREASURER		INE NUMBER E	EXTENSION		
PHONE	(281) 888-4409				
8 REPORT					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
		court day belore		L	appointment (officeholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH-FR)
				reporting limit	_
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2025	T⊦	IROUGH	06/30/202	5
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	P	rimary	Runoff	Other
	11/03/2026	XIG	eneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
III OFFICE	State Representative Dis	trict 145		State Represent	
	State Representative Dis	tilet 145		State Represent	auve District 143
		GO T	O PAGE 2		
1					

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Morales, Christina (T	he Honorable)		<b>14</b> Filer ID 00083199	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expendition of may have been made without equired to report this information	the candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	IE			
	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRE:	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	<b>NS</b> OR GUARANTEES OF LOAN:	5)	\$	1,975.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	(PENDITURES		\$	8.39
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	30,899.49
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	33,104.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	5,000.00
17 AFFIDAVIT			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
			The Hono	rable Christina Mora	ales	
			Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of office	cer administering	Printed name	of officer administering	Title of offic	er administer	ing oath

## **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

			3 of 29		
l	LER NAN orales, (	ME Christina (The Honorable)	<b>19</b> Filer ID 00083199	(Ethics Co	ommission Filers)
I	ME OF	SUB	TOTAL AMOUNT		
1.	X	\$	1,975.00		
2.		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	30,899.49
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	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	. X	\$	317.48		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E <b>A1</b>		
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/29	
2	FILER NAME Morales, Chr	istina (The Honorable)			3	Filer ID (Ethics Commission 00083199	n Filers)
4	Date 06/30/2025			7	Amount of Contribution (\$)	\$100.00	
8	Principal occup Not Employe	Houston, TX 77007  pation / Job title (See Instructions)  d	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 06/23/2025				Amount of Contribution (\$)	\$500.00	
	Principal occu	Houston, TX 77002 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 06/23/2025			)		Amount of Contribution (\$)	\$500.00
	Austin, TX 78760  Principal occupation / Job title (See Instructions)  Employer (See Instructions)				  -  s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Reyes, Rebecca Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occup	Employer (See Instructions Reytec Construction Re		urces inc			
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Saenz, Graciela  Contributor address; City; State; Zip Code  Houston, TX 77023			Amount of Contribution (\$)	\$250.00		
	Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/29
2	FILER NAME Morales, Christina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083199
4	Date 06/30/2025  5 Full name of contributor out-of-state PAC (ID#:  Sorola-Pohlman, Lenora  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$25.00
8	Houston, TX 77008  Principal occupation / Job title (See Instructions)  Owner  9 Employer (See Sorola Consu	Instructions) Iting Services Inc.
	Date  O6/30/2025  Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$100.00
_	Principal occupation / Job title (See Instructions)  Employer (See Owner  UANP	Instructions)

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/23 Rpt: 6/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	01/21/2025	Aceves Communication, LLC
6	Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code PO Box 6514
		Houston, TX 77265
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  General Consulting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/30/2025	Payee name ActBlue
	Amount (\$) \$38.52	Payee address; City; State; Zip Code PO Box 441146
		Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit Card Processing Fees 01/01- 06/30/2025
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/12/2025	Payee name Amazon.com
	Amount (\$) \$48.12	Payee address; City; State; Zip Code 1200 12th Avenue South Suite 1200 Seattle, WA 98144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  District Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 2/23 Rpt: 7/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	03/12/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.57	1200 12th Avenue South
		Suite 1200
		Seattle, WA 98144
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
		District Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Date	Payee name
	04/25/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.57	1200 12th Avenue South
		Suite 1200
		Seattle, WA 98144
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	06/20/2025	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	1717 West Loop S
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Printing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	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: 3/23 Rpt: 8/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	01/31/2025	Amegy Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	1717 West Loop S
		Houston, TX 77027
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Paper Statement Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/28/2025	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1717 West Loop S
		·
		Houston, TX 77027
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Paper Statement Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/31/2025	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1717 West Loop S
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Paper Statement Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/OI	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	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: 4/23 Rpt: 9/29	Morales, Christina (The Honorable)		00083199			
4	Date	5 Payee name		·			
	04/30/2025	Amegy Bank					
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de				
	\$2.00	1717 West Loop S					
		Houston, TX 77027					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.			
	LAI LINDITORE			Check if Austin, TX, officeholder living expense			
				Paper Statement Fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held			
3	expenditure to benefit C/OI		JIII	Office field			
	Date	D					
	05/30/2025	Payee name Amegy Bank					
			-l -				
	Amount (\$)	Payee address; City; State; Zip Coo	ae				
	\$2.00	1717 West Loop S					
		Houston, TX 77027					
	PURPOSE OF	, ,	(b)	Description			
	EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
				Paper Statement Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held			
	expenditure to benefit C/OI	1					
	Date	Payee name					
	06/30/2025	Amegy Bank					
	Amount (\$)	Payee address; City; State; Zip Coo	de				
	\$2.00	1717 West Loop S					
		Houston, TX 77027					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.			
	LAI LINDITORE			Check if Austin, TX, officeholder living expense			
				Paper Statement Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office soug	tdr	Office held			
	expenditure to benefit C/OI		JIIL	Office field			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
	Sch: 5/23 Rpt: 10/29	Morales, Christina (The Honorable)		00083199	
4	Date	5 Payee name		•	
	06/02/2025	Amegy Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code	)		
	\$10.00	1717 West Loop S			
		Houston, TX 77027			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description	1	
	OF	Accounting/Banking		ravel outside of Texas. Complete Schedule T.	
	EXPENDITURE			Austin, TX, officeholder living expense	
			Bankcard	Fee	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t	Office held	
	Date	Payee name			
	05/01/2025	Amegy Bank			
	Amount (\$)	Payee address; City; State; Zip Code	;		
	\$10.00	1717 West Loop S			
		Houston, TX 77027			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description	1	
	OF EXPENDITURE	Accounting/Banking		ravel outside of Texas. Complete Schedule T.	
	EXI ENDITORE			Austin, TX, officeholder living expense	
			Bankcard	ree	
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	.t	Office held	
	expenditure to benefit C/O	9	ı	Office field	
	Data				
	Date	Payee name			
	04/01/2025	Amegy Bank			
	Amount (\$)	Payee address; City; State; Zip Code	)		
	\$10.00	1717 West Loop S			
		Houston, TX 77027			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Accounting/Banking		ravel outside of Texas. Complete Schedule T.	
			Bankcard	Austin, TX, officeholder living expense	
			Darmould	. 55	
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	ıt	Office held	
	expenditure to benefit C/O	9	•	Cinco noid	
H					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/23 Rpt: 11/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	03/03/2025	Amegy Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1717 West Loop S
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bankcard Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2025	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1717 West Loop S
		'
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Bankcard Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Pouso namo
	01/02/2025	Payee name Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1717 West Loop S
	420.00	2.2. Wast 200p 0
		Houston, TX 77027
	PURPOSE	Tu.
	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bankcard Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 7/23 Rpt: 12/29	Morales, Christina (The Honorable) 00083199	
4	Date	5 Payee name	_
	01/31/2025	Area 5	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$500.00	3800 Spencer Highway	
		Suite L	
		Pasadena, TX 77504	
8	PURPOSE		_
0	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Annual Donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	06/23/2025	Betran, Lizette	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	124 Gadwall CV	
		San Marcos, TX 78666	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Session Bonus	
	Computate ONLY if diseast	Condidate/Officeholder name Office pought	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	03/07/2025	CVPE Education Forum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	619 East 11 1/2 St.	
		Houston, TX 77008	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officerioider/Political Committee  Annual Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			_

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	<b>.</b>	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/23 Rpt: 13/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
L	04/11/2025	CapCut
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$179.99	1 Raffles Quay,
		South Tower #26-10
		Merlion Merlion 048583 Singapore
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  Video Software for Communications
		video Soliware for Communications
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/25/2025	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	254 Orchard St.
		Elmwood Park, NJ 07407
	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
		2025 Legislative Panoramic Portrait
		2020 Logiolativo : anotamio : ottali
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
L	02/18/2025	Crystal Davila Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2210 Fenwwod
L		Pasadena, TX 77502
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Campaign Contribution
		Campaign Contribution
	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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			_egal Services	s expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed above)	)
	Credit Card r dyment		,	The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 9/23 Rpt: 14/29		Morales, Ch	ristina (The Ho	onorable)					00083199		
4	Date	5	Payee name									
	04/21/2025		Curra's Grill									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$117.26		614 E Oltorf	St.								
			Austin, TX 7	8704								
8	PURPOSE	⊢					(h)	Description				
ľ	OF		Food/Bevera	e Categories listed at	the top of this sch	edule)	(2)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		1 Ood/Dever	ige Expense				브		officeholder livin	•	
								Staff Meals				
9	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	06/02/2025		Czyz, Mandy	/								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$2,000.00		415 W 39th	St								
			Apt 309									
		ı	Austin, TX 7	8751								
-	PURPOSE	⊢		e Categories listed at	41	\	(b)	Description				
	OF			ges/Contract L		edule)	(-,	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Calalico, Wa	900/00/11/40/ 2				Check if Austin,	, TX,	officeholder livin	g expense	
								Communication	ons	and Digita	l Design	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	experiorure to beriefit C/Or	П										
	Date		Payee name									
	04/22/2025		Czyz, Mandy	/								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$3,000.00		415 W 39th	St								
			Apt 309									
			Austin, TX 7	8751								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			ges/Contract L		,			outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE									officeholder livin		
								Communication	ons	s and Digita	ı ∪esign	
	Operation ONE V. C. P.	Ļ		-11-1		N	auta t			O''' :	-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	enolder name	C	Office sou	gnt			Office h	eia	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense Fees

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overl Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp	rnse Travel Out of District es/Contract Labor OTHER (enter a categor	ent & Related Expense
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethi	ics Commission Filers)
	Sch: 10/23 Rpt: 15/29	Morales, Christina (The Honorable)	00083199	,
4	Date	5 Payee name	·	
	04/01/2025	Czyz, Mandy		
6	Amount (\$) \$900.00	7 Payee address; City; State; Zip Cod 415 W 39th St Apt 309 Austin, TX 78751		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living expen Communications and Digital Des	se
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soug	t Office held	
	Date	Payee name		
	06/23/2025	Czyz, Mandy		
	Amount (\$)	Payee address; City; State; Zip Cod		
	\$500.00	415 W 39th St		
		Apt 309		
		Austin, TX 78751		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living expen	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soug	t Office held	
	Date	Payee name		
	06/26/2025	Deluxe Corporation		
	Amount (\$) \$235.09	Payee address; City; State; Zip Cod 801 S Marquette Ave.		
		Minneapolis, MN 55402		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living expen Checkbooks	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	t Office held	

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Print Sala	-	se s/Contract Labor	Tra	ivel in District ivel Out of Dis HER (enter a	trict category not listed above)	
1	Total pages Schedule F1:						1	er ID	(Ethics Commission Fi	lers)
	Sch: 11/23 Rpt: 16/29	Morales, C	hristina (The Honora	able)			00	083199		
4	Date	5 Payee name								
	04/14/2025	Door Dash								
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip	Code					
	\$119.08	303 2nd St	reet							
		San Franci	sco, CA 94107							
8	PURPOSE	(a) Category (S	see Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense			=			plete Schedule T.	
	_/					Check if Austin	n, TX, offic	eholder living	expense	
						Stall Weals				
_	Commission ONE V. C. F.	Operation 100	Saabalda:	<b>6</b> ‴				Off: - 1	ıla	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office	sought			Office he	eiu	
	Date	Payee name								
	05/06/2025	Door Dash								
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code					
	\$99.63	303 2nd St	reet							
		San Franci	sco, CA 94107							
	PURPOSE	(a) Category (s	iee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense	,		_ :	outside of	f Texas. Com	plete Schedule T.	
	LAFLINDITORE		-			Check if Austin	n, TX, offic	eholder living	expense	
						Staff Meals				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office	sought			Office he	eld	
	Oriana.o to borioni O/Oi	-								
	Date	Payee name						_		
L	05/12/2025	Door Dash								
	Amount (\$)	Payee addre		State; Zip	Code					
	\$134.59	303 2nd St	reet							
		San Franci	sco, CA 94107							
	PURPOSE	(a) Category (s	see Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense	,		Check if travel			olete Schedule T.	
	LAFLINDITORE					Check if Austin	n, TX, offic	eholder living	expense	
						Staff Meals				
	0 1. 0	0 111 : 1= 11						0.00		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office	sought			Office he	eia	

### 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/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
<u> </u>		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 12/23 Rpt: 17/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	06/23/2025	Gonzalez, Alexandria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	11106 Wickway Dr
		Houston, TX 77024
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Session Bonus
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/16/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.96	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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  Domain Renewals
		Domain Kenewais
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dayge name
	01/15/2025	Payee name Guerra, Marina
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.30	2909 Canal
		Houston, TX 77023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Paid Event Parking Reimbursement
		Palu Everit Parking Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 13/23 Rpt: 18/29	2 FILER NAME Morales, Christina (The Honorable)  3 Filer ID (Ethics Commission Filers) 00083199
4	Date	5 Payee name
	03/20/2025	HEB Online
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.96	646 S. Flores St.
		San Antonio, TX 78204
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Capitol Office Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	D :	
	Date	Payee name
	01/03/2025	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4619 Lyons Ave
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense 2025 Donation
		2023 DONALION
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	06/13/2025	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4619 Lyons Ave
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		Event Sponsor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experioliture to beliefit C/OI	1 
ı		

### 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:	<u> </u>
	Sch: 14/23 Rpt: 19/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	02/20/2025	Home Slice - ATX
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$545.49	1415 S Congress Ave.
		Austin, TX 78704
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
		Event Catering
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/03/2025	Horick , Hannah
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	260 Old State Highway 29 E
		Georgetown, TX 78626
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bonus
		Bollus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
	Date	Payee name
	01/16/2025	Intuit Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$339.00	405 N Angier Ave. NE
		Atlanta, GA 30308
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Email Service
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L	·	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 15/23 Rpt: 20/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	01/23/2025	Jacques, Adanary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	5819 Gulf Fwy
		STE 500
		Houston, TX 77023
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Photography
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
۲	Date	Payee name
	05/05/2025	LULAC VIII
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	8304 Fulton St.
		Houston, TX 77022
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officerioider/Political Committee Event Sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	03/17/2025	Labor Council for Latin American Advancement
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	815 Black Lives Matter Plz NW
		Washington, DC 20006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Annual Contribution
		/ united Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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 Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 16/23 Rpt: 21/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	01/16/2025	Legislative Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$645.00	Post Office Box 5643
		Austin, TX 78763
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		2024 Fundraising Emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/04/2025	Legislative Study Group
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 12943
	φ1,000.00	F.O. Box 12943
		Austin, TX 78711
	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  Annual Dues
		Ainual Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Date	
	Date	Payee name
	01/31/2025	MALC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1100 S Congress Ave
		Austin, TX 78704
	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  Dues
	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	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: 17/23 Rpt: 22/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	05/20/2025	Mary Ann Perez Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	P.O. Box 262432
		Houston, TX 77207
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
		Gifts for Committee Members
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/18/2025	Nuestra Palabra
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$324.21	5503 Lawndale St.
	, ,	
		Houston, TX 77023
	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  Books for Constituents
		Books for Constituents
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/05/2025	Office Depot
H	Amount (\$)	Payee address; City; State; Zip Code
	\$37.44	6888 Gulf Fwy
		#300
		Houston, TX 77087
L	PURPOSE	To.
	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
		District Office Supplies
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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

	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: 18/23 Rpt: 23/29	Morales, Christina (The Honorable) 00083199
4	Date	5 Payee name
	01/15/2025	Penthouse Condominiums
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,490.09	1212 Guadalupe St
		Austin, TX 78701
8	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.  X Check if Austin, TX, officeholder living expense
		Austin Housing HOA Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/04/2025	Penthouse Condominiums
	Amount (\$)	Payee address; City; State; Zip Code
	\$739.50	1212 Guadalupe St
		Austin, TX 78701
	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  Austin Housing HOA Fees
		Additi Housing Hozel 665
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
_	Data	Davies warms
	Date 03/04/2025	Payee name Penthouse Condominiums
	Amount (\$)	Payee address; City; State; Zip Code
	\$739.50	1212 Guadalupe St
		Austin, TX 78701
	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.
		X Check if Austin, TX, officeholder living expense
		Austin Housing HOA Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	·	

### 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	
Ļ	T-1-1 0.1 11 51	
1	Total pages Schedule F1: Sch: 19/23 Rpt: 24/29	2 FILER NAME Morales, Christina (The Honorable)  3 Filer ID (Ethics Commission Filers) 00083199
4	Date	5 Payee name
	04/02/2025	Penthouse Condominiums
6	Amount (\$) \$739.50	7 Payee address; City; State; Zip Code 1212 Guadalupe St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Austin Housing HOA Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	Penthouse Condominiums
	Amount (\$)	Payee address; City; State; Zip Code
	\$739.50	
	Φ139.50	1212 Guadalupe St
		Austin, TX 78701
	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.
		X Check if Austin, TX, officeholder living expense
		Austin Housing HOA Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2025	Penthouse Condominiums
	Amount (\$)	Payee address; City; State; Zip Code
	\$762.23	1212 Guadalupe St
	Φ102.23	1212 Guauaiupe Si
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITURE	X Check if Austin, TX, officeholder living expense
		Austin Housing HOA Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributing Expense  Contributions/ Donations Made E  Candidate/Officeholder/Politic  Credit Card Payment			mmittee	Gift/Awards/Memorials Legal Services  The Instruction Gu	Expense		pens ages	se s/Contract Labor		Travel Out of Dis OTHER (enter a			
1	Total pages Schedule F1:	2	FILER NAMI	The Instruction Guide explains how to complete this form.  LER NAME  3						Filer ID (Ethics Commission Filers)			
-	Sch: 20/23 Rpt: 25/29	-	Morales, Christina (The Honorable)						00083199	(2			
4	Date	5	Payee name	<b>!</b>									
	03/07/2025	Perales, Jennifer											
6	Amount (\$)	7	Payee addre	ess; City;	State	e; Zip Co	de						
	\$500.00	0 8309 N. IH 35											
		Austin, TX 78753											
8	PURPOSE	(a)	Category (S	See Categories listed at th	ne top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Salaries/W	ages/Contract La	abor						plete Schedule T.		
								Communicati		officeholder living	g expense		
								Communicati	1011	3 WOIK			
9	Complete ONLY if direct	<u> </u>	Candidata/Off	iceholder name		Office cou	aht			Office he	old.		
9	expenditure to benefit C/OI		Candidate/On	icenoidei name	,	Office sou	ynı			Office fit	eiu		
	Date		Payee name	;									
	05/14/2025		Raising Canes -ATX										
	Amount (\$)	Г	Payee addre	ess; City;	State	e; Zip Co	de						
	\$45.52		415 W Mar	tin Luther King J	r Blvd.								
			Austin, TX	78701									
	PURPOSE	(a)	Category (S	See Categories listed at th	ne top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Food/Beve	erage Expense				Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
								Staff Meals	Ι, ΙΧ,	, onicendaer living	g expense		
								Stail Weals					
	Complete ONLY if direct	_		iceholder name		Office sou	aht			Office h	ald		
	expenditure to benefit C/OI		candidate/On	icenoider name		Office 30d	giit			Office In	Ciu		
	Data												
	Date 06/05/2025		Payee name										
		L	Southwest										
	Amount (\$)		Payee addre	•	State	e; Zip Co	de						
	\$830.96		2702 Love	Field Dr.									
			Dallas, TX	75235									
	PURPOSE	(a)	Category (S	See Categories listed at th	ne top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Travel Out	of District							plete Schedule T.		
								_		officeholder living	n Redistricting Lawsuit		
								. ngiit to Li i i	معد	, to resulty li			
	Complete ONLY if direct	Ц,	Candidate/∩ff	iceholder name		Office sou	aht			Office h	əld		
	expenditure to benefit C/OI		Carraidate/OII	isonolaci name		Omoc Sou	Aur			Onice III	oiu.		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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	
-	Total pages Cabadala E4	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 21/23 Rpt: 26/29	2 FILER NAME Morales, Christina (The Honorable)  3 Filer ID (Ethics Commission Filers) 00083199
4	Date	5 Payee name
-	06/05/2025	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.50	2702 Love Field Dr.
		Dallas, TX 75235
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
		Bag Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	06/09/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$317.48	2702 Love Field Dr.
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Return Flight from El Paso
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	05/06/2025	Tejano Center for Community Concerns
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2950 Broadway St
		Houston, TX 77017
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Annual Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
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	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: 22/23 Rpt: 27/29	Morales, Christina (The Honorable) 00083199						
4	Date	5 Payee name						
L	05/27/2025	Texas Gulf Coast Area Labor Federation						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,000.00	2506 Sutherland St						
		Houston, TX 77023						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Avetic TV officeholder living gyreege						
		Candidate/Officeholder/Political Committee						
		Living openior						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
F	Date	Payee name						
	02/13/2025	Texas House LGBTQ Caucus						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$400.00	1100 S Congress Ave						
		Austin, TX 78704						
	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						
		Annual Dues						
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH								
	Date	Payee name						
	01/28/2025	Texas Legislative Progressive Caucus						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$200.00	PO Box 2910						
		Austin, TX 78768						
	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  Annual Dues						
		Ailliuui Dues						
$\vdash$	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		nmittee	Gift/Awards/Memori Legal Services The Instruction			/ages/	Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1: Sch: 23/23 Rpt: 28/29	ı		ristina (The H	lonorable)				3	Filer ID 00083199	(Ethics Commission File	ers)
4	Date 01/08/2025		Payee name The Bearde									
6	Amount (\$) \$400.00		Payee addres 518 W 11th Suite 400 Houston, TX	St	State	; Zip Co	de 					
8	PURPOSE OF EXPENDITURE			e Categories listed a age Expense	at the top of this sch	nedule)		<u> </u>	, TX,	de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(	Office sou	ght			Office he	eld	
	Date 05/27/2025	ı	Payee name UBER Eats									
	Amount (\$) \$65.54		Payee address 182 Howard Suite 8 San Francis	•		; Zip Co	de					
	PURPOSE OF EXPENDITURE			e Categories listed a age Expense	at the top of this sch	nedule)		<b>—</b>		de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(	Office sou	ght			Office he	eld	

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 29/29 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Morales, Christina (The Honorable) 00083199 5 Name of person from whom amount is received 8 Amount (\$) Date 06/09/2025 \$317.48 Southwest Airlines 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75235 Purpose for which amount is received Check if political contribution returned to filer Refund for Flight from El Paso