CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00084305		2 Total pages filed: 18		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
OFFICEHOLDER NAME	The Honorable	Heriberto			Date Received		
						CALLY FILED	
	NICKNAME	LACT		CUEFIX	07/15/2025	07(2211122	
	NICKNAME Eddie	LAST Morales		SUFFIX	01/13/2023		
	Edule	Morales		Jr.			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked	
OFFICEHOLDER MAILING	352 Hillcrest Blvd						
ADDRESS					Receipt #	Amount	
Change of Address	Eagle Pass, TX 78852				Bata Baranand		
					Date Processed		
					Date Imaged		
					Date illiaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>		
TREASURER		Heriberto		1411			
NAME	IVII.	rienberto					
	NICKNAME	LAST		SUFFIX			
	Eddie	Morales Jr.		Jr.			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP [*]	Γ / SUITE #; CITY;	S	TATE; ZIP CODE	
ADDRESS	352 Hillcrest Blvd						
(Residence or Business)							
	Eagle Pass, TX 78852						
7 CAMPAICN	ADEA CODE DUON		VTENCION				
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION				
PHONE	(830) 513-1124						
8 REPORT							
TYPE	January 15	30th day before	election	Runoff	15th day after o	campaign treasurer	
		_ com any solore		L		fficeholder only)	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)	
				reporting limit			
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	01/01/2025	TH	ROUGH	06/30/202	25		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	X Pi	rimary	Runoff	Other		
	03/03/2026	│ □G	eneral	Special			
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)		
	State Representative Distr	ict 74 Maverick			()		
		GO T	O PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 18

OH NAME Morales Jr., Heriberto (The Honorable) 14 Filer ID 00084305									
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
COMMITTEE TYPE	COMMITTEE NAME								
GENERAL									
	COMMITTEE ADDRESS	5							
SPECIFIC									
	COMMITTEE CAMPAIG	N TREASURER NAME							
	COMMITTEE CAMPAIG	N TREASURER ADDRES	SS						
				\$	0.00				
		GUARANTEES OF LOANS	5)	\$	25,000.00				
ITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES									
4. TOTAL POLITICAL EXPENDITURES									
		AINTAINED AS OF THE LA	AST DAY OF THE	\$	202,519.12				
		ITSTANDING LOANS AS	OF THE LAST DAY	\$	250,000.00				
-				-					
	true a	and correct and includes al							
		The Honoral	ole Heriberto Morale	es Jr.					
		Signature of	Candidate or Officeho	lder					
TARY STAMP / SEAL AB	OVE								
cribed before me, by the s	aid		, this the		day				
cer administering	Printed name of offi	cer administering	Title of office	r administe	ring oath				
	This box is for notice of particle candidate / officeholder. consent. Candidates and COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL UNITEMIOR GUARANTEI 2. TOTAL POLITIC (OTHER THAN F. 3. TOTAL UNITEMIOR POLITICAL POLITICAL POLITICAL POLITICAL POLITICAL PORTING PERIOR OF THE REPORTIOR PERIOR OF THE REPORTIOR PERIOR PER	This box is for notice of political contributions acce candidate / officeholder. These expenditures may consent. Candidates and officeholders are required to the consent. Candidates and officeholders are required to the consent. Committee Name COMMITTEE TYPE	This box is for notice of political contributions accepted or political expenditure and idate / officeholder. These expenditures may have been made without to consent. Candidates and officeholders are required to report this information. COMMITTEE TYPE GOMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTORY (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAI OR GUARANTEES OF LOANS). 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LIREPORTING PERIOD. 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD. I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code. The Honoral Signature of TARY STAMP / SEAL ABOVE.	This box is for notice of political contributions accepted or political expenditures made by political candidate / officeholder. These expenditures may have been made without the candidates or officenosent. Candidates and officeholders are required to report this information only if they receive in consent. Candidates and officeholders are required to report this information only if they receive in consent. Candidates and officeholders are required to report this information only if they receive in consent. Candidates of officeholders are required to report this information only if they receive in consent of the c	This box is for notice of political contributions accepted or political expenditures made by political committees: candidate of officeholder. These expenditures may have been made without the candidates or difficeholder's kr consent. Candidates and officeholders are required to report this information only if they receive notice of such consent. Candidates and officeholders are required to report this information only if they receive notice of such consent. Candidates and officeholders are required to report this information only if they receive notice of such consents. Candidates and officeholders are required to report this information only if they receive notice of such consents. Candidates are required to report this information only if they receive notice of such consents. Candidates and officeholders are required to report this information only if they receive notice of such consents. Candidates and officeholders and officeholders and officeholders. Candidate or political candidates and officeholder consents are required to be report under this is consented and includes all information required to be report under this is, election code. The Honorable Heriberto Morales Jr. Signature of Candidate or Officeholder this the				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			OVER ONE	3 of 18
18 FILER NA Morales	(Ethics Commi	ssion Filers)		
20 SCHEDUL NAME OF	SUBTOTA	AL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	25,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	31,584.02
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 I TO FILER	RETURNED	\$	

MON	ETARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1
The Ins	struction Guide explains how to complete this for	m I	Fotal pages Schedule A1: Sch: 1/1 Rpt: 4/18
2 FILER NA Morales	AME Jr., Heriberto (The Honorable)		Filer ID (Ethics Commission Filers)
4 Date 06/30/20	5 Full name of contributor out-of-state PAC (ID#: O25 HILLCO PAC 6 Contributor address; City; State; Zip Code	7 /	Amount of Contribution (\$) \$25,000.00
	Austin, TX 78701		
8 Principal	occupation / Job title (See Instructions) 9	Employer (See Instructions)	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 5/18	Morales Jr., Heriberto (The Honorable) 00084305
4	Date	5 Payee name
	05/27/2025	48hr print
6	Amount (\$) \$24.46	7 Payee address; City; State; Zip Code TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense printing fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2025	Alonti Cafe
	Amount (\$) \$383.04	Payee address; City; State; Zip Code
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Swearing in ceremony food for guests
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	Araujo, Ale
	Amount (\$) \$200.00	Payee address; City; State; Zip Code
		Eagle Pass, TX 78852
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Head start 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 -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: 2/14 Rpt: 6/18	Morales Jr., Heriberto (The Honorable) 00084305
4	Date	5 Payee name
	03/19/2025	Brackettville ISD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	
		TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/02/2025	CAIN, GRACIE
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		El Paso , TX
	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
		end of year bonus
		Cha of your bonds
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	02/08/2025	CAIN, GRACIE
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	
		тх
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		donation for valentine gifts
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiorale to belieff C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor				Travel Out of District OTHER (enter a category not listed above)									
	Credit Card Payment			The Instruc	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Et	thics Commis	sion Filers)	
	Sch: 3/14 Rpt: 7/18		Morales Jr.	, Heriberto	(The Hono	orable)					00084305				
4	Date	5	Payee name	;											
	02/19/2025		Cain, Grac	ie											
6	Amount (\$)	7	Payee addre	ess; City		State;	Zip Co	de							_
	\$1,000.00														
			TX												
8	PURPOSE	(a						(h)	Description						_
Ü	OF	۱۳	Category (s Event Expe		sted at the top o	of this sche	dule)	(6)		outsi	de of Texas. Com	nplete	Schedule T.		
	EXPENDITURE		Lvent Lxpt	1130							officeholder living				
									Week of El P	asc	Delegation	ı vis	it, refund f	or hotels.	
9	Complete ONLY if direct	•	Candidate/Off	iceholder na	ıme	0	ffice sou	ght			Office h	eld			_
	expenditure to benefit C/OI	Н													
	Date		Payee name	;											_
	04/17/2025		Capitol Gift	Shop											
	Amount (\$)		Payee addre	ess; City		State;	Zip Co	de							_
	\$65.00														
			TX												
	PURPOSE	(a	Category (S	See Categories li	sted at the top o	of this sche	dule)	(b)	Description						_
	OF EXPENDITURE		Office Ove						=		de of Texas. Com				
										ı, TX,	officeholder living	g expe	ense		
									office decor						
															_
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	icenolder na	ıme	O	ffice sou	gnt			Office h	eia			
	<u>'</u>	_													_
	Date		Payee name												
	06/13/2025		Capitol Gri	I											
	Amount (\$)		Payee addre	ess; City	,	State;	Zip Co	de							
	\$250.00														
			TX												
	PURPOSE	(a	Category (S	See Categories li	sted at the top o	of this sche	dule)	(b)	Description						
	OF EXPENDITURE		Food/Beve	rage Expei	nse				ш		de of Texas. Com				
											officeholder living				
									food and drin	iks '	ioi stait and	ı gu	esis		
	Complete CALLY " "		Completed (CC	ii a a la - I -I			4 6. a. a.	a.l- ·			Ott	اء اء			_
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	icenolder na	ıme	O	ffice sou	gnt			Office h	eid			

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)
L	Sch: 4/14 Rpt: 8/18	Morales Jr., Heriberto (The Honorable) 00084305
4	Date	5 Payee name
	01/29/2025	Chuys
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$172.55	
		Austin, TX 78701
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 hall lunch
		naii iuncii
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/01/2025	City of Del Rio
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	
		TX
	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 rent for a year in the City of Del Rio office
		Tent for a year in the City of Del Mio office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
┕		
	Date	Payee name
	01/06/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.08	1601 Trapelo Rd
l		
		Waltham, TX 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		email server
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritate to bottom 0/01	•
<u> </u>		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/14 Rpt: 9/18	2 FILER NAME Morales Jr., Heriberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084305
4	Date 03/05/2025	5 Payee name Constant Contact
6	Amount (\$) \$98.08	7 Payee address; City; State; Zip Code 1601 Trapelo Rd
8	PURPOSE OF EXPENDITURE	Waltham, TX 02451 (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 email server
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/07/2025	Payee name Constant Contact
	Amount (\$) \$98.08	Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, TX 02451
	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 email server fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/05/2025	Payee name Constant Contact
	Amount (\$) \$98.08	Payee address; City; State; Zip Code 1601 Trapelo Rd
		Waltham, TX 02451
	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 email Server
	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 Conditate/Officebolder/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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/W The Instruction Guide explains how to cor	-	c/Contract Labor OTHER (enter a category not listed above) ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 10/18	Morales Jr., Heriberto (The Honorable)		00084305
4	Date	5 Payee name		
	04/11/2025	Go Daddy		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$102.21			
		тх		
8	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 domain server fee
				domain server ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Since field
	Date	Payee name		
	01/21/2025	Google		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$2.12	1600 Amphitheatre Parkway		
	·			
		Mountain View , CA 94043		
	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 google storage fees
				google storage rees
-	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		9111	Cince note
	Date	Payee name		
	02/12/2025	Google		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$2.12	1600 Amphitheatre Parkway		
		,		
		Mountain View , CA 94043		
	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 storage fees
				5.5.495 7555
-	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		J	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 7/14 Rpt: 11/18	Morales Jr., Heriberto (The Honorable) 00084305
4	Date	5 Payee name
	03/19/2025	Google
6	Amount (\$) \$2.12	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
8	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 storage fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/21/2025	Google
	Amount (\$) \$2.12	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View , CA 94043
	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 Storage fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/14/2025	Google
	Amount (\$) \$2.12	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
	PURPOSE	Las .
	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 server fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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
TTHER (order a cotogony pet listed above)

	Candidate/Officeholder/Politica		Committee Legal Services Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction G	Guide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 8/14 Rpt: 12/18		Morales Jr.,	Heriberto (The	e Honorable)					00084305		
4	Date	5	Payee name									
	02/27/2025		Hilton Garde	en Inn								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	nde					
Ŭ	\$1,773.00	ľ	i ayoo aaaroo	, Oity,	Otato,	2. p 00	, a c					
	Ψ1,110.00											
			TV									
		$oxed{oxed}$	TX									
8	PURPOSE OF			e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Event Expe	nse				=		de of Texas. Con officeholder livin	nplete Schedule T. a expense	
								hotel rooms for				
											9	
9	Complete ONLY if direct		`andidate/Offic	ceholder name	0	office sou	aht			Office h	eld	
•	expenditure to benefit C/OI		odiraraato, Omi	sonoider riame	· ·	11100 000	giit			01110011	ola	
_	Data	ī										
	Date	ı	Payee name	on Compoian	Fund							
	02/10/2025	_		an Campaign								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$1,000.00											
			Dallas, TX									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				=			nplete Schedule T	
			Candidate/C	Officeholder/Po	litical Commi	ittee		political contr		officeholder livin	g expense	
								pontical conti	ibu	uon		
	Complete ONLY if direct	<u> </u>	Candidato/Offic	ceholder name		office sou	abt			Office h	old	
	expenditure to benefit C/OI		zanuluate/Oni	centider name	O	ilice sou	grit			Office fi	Ciu	
	5.	_	_									
	Date		Payee name									
	01/05/2025	-	La Pulgita									
	Amount (\$)	ı	Payee addres		State;	Zip Co	ode					
	\$100.00		2412 Ralph	Dr								
			Eagle Pass,	TX 78852								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				<u></u>			nplete Schedule T.	
								New Year ad	, TX,	officeholder livin	g expense	
								new rear au				
	Complete ONLY if direct	Ļ	Candidata/O#	acholder name		office co:	abt			Office b	old	
	Complete ONLY if direct expenditure to benefit C/OI		anuuate/Offi	ceholder name	O	office sou	ıyrıt			Office h	eiu	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ges/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)
┰	Total pages Schedule F1:	EILED NAME		-	3	Filer ID	(Ethics Commission Filers)
ľ			۵۱		•		(Lunes Commission Filers)
L	Sch: 9/14 Rpt: 13/18	Morales Jr., Heriberto (The Honorabl	e)			00084305	
4	Date	Payee name					
	01/24/2025	Lady Quckenbushs					
6	Amount (\$)	Payee address; City; Stat	te; Zip Code	<u> </u>			
ľ	* *	rayee address, City, Stat	ic, zip cout	G			
	\$58.00						
		Austin, TX 78701					
8	PURPOSE	a) Catagony (2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Description			
ľ	OF	a) Category (See Categories listed at the top of this s	schedule)		outs	ide of Texas, Com	plete Schedule T.
	EXPENDITURE	Food/Beverage Expense				, officeholder living	
				birthday cake			,
				Siturday conte			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	nt		Office h	eld
	experiulture to beliefit C/O						
	Date	Payee name					
	03/05/2025	Legislative Study Group					
L			to. Zin Cod				
	Amount (\$)		te; Zip Code	е			
	\$1,000.00	P.O. Box 12943					
		Austin, TX 78711					
H	PURPOSE	2) 0 .	1/1	b) D			
	OF	a) Category (See Categories listed at the top of this s	schedule)	Description	nute	ide of Tevas Com	plete Schedule T.
	EXPENDITURE	Fees		<u> </u>		, officeholder living	
				membership			,
⊢	Operation ONE V if alice at	Occupiedada (Officialisada o conse	046	-+		O#: I-	-1.1
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
L	- Composition of the Society of the						
	Date	Payee name					
	02/01/2025	Lilis Flower Shop					
	Amount (\$)	•	te; Zip Code	2			
	` '	rayee address, City, Stat	ie, zip cout	5			
	\$135.00						
1							
		Eagle Pass, TX 78852					
H	PURPOSE	a) Category (See Categories listed at the top of this s	echodulo) (I	b) Description			
	OF	Salaries/Wages/Contract Labor	criedule)		outsi	ide of Texas. Com	nplete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor		—		, officeholder living	
				flower arrang			
				J			
\vdash	Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt .		Office h	ald
	expenditure to benefit C/O	Candidate/Onicendidel Hame	Onice Sougi	ıı		Office III	Ciu
L							
1							
ı							

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	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: 10/14 Rpt: 14/18	Morales Jr., Heriberto (The Honorable) 00084305
4	Date	5 Payee name
	01/06/2025	Living Spaces
6	Amount (\$) \$4,399.28	7 Payee address; City; State; Zip Code Austin , TX 78701
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 Austin office furniture
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/07/2025	MCJLS
	Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 3916
		Eagle Pass, TX 78852
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jr Livestock Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	MORENO, SONIA
	Amount (\$) \$500.00	Payee address; City; State; Zip Code
		Eagle Pass, TX 78852
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense End of year bonus
	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 Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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 Filers)
	Sch: 11/14 Rpt: 15/18	Morales Jr., Heriberto (The Honorable) 00084305
4	Date	5 Payee name
	01/07/2025	MORENO, SONIA
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code
		Eagle Pass, TX 78852
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 expense refund
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	McCord, Cayden
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2301 S Mopac #833
		Austin , TX 78746
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense End of year bonus
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2025	Memorial Jr High PTO
	Amount (\$) \$250.00	Payee address; City; State; Zip Code
		Eagle Pass, TX 78852
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 12/14 Rpt: 16/18	Morales Jr., Heriberto (The Honorable) 00084305
4	Date	5 Payee name
	01/14/2025	Mexican American Legislative Caucus
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code
		TX
8	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 membership fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	Photographic Design
	Amount (\$) \$429.00	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense cup order with campaign logo
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	05/12/2025	Pluckers Wings
	Amount (\$) \$131.56	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food for staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Lega	wards/Memorials Expense I Services Instruction Guide explains		ages/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:		·		1	3 Filer ID	(Ethics Commission Filers)
-	Sch: 13/14 Rpt: 17/18		riberto (The Honorable	e)		00084305	(Ethics Commission Filers)
4	Date	5 Payee name					
	01/02/2025	Raymundo, Ro	driguez				
6	Amount (\$) \$300.00	7 Payee address; Austin, TX 7870		e; Zip Cod	le		
8	PURPOSE	(a) Catagony (a			(b) Description		
ľ	OF		tegories listed at the top of this sc	chedule)		outside of Texas. Com	nlete Schedule T
	EXPENDITURE	Gill/Awarus/Me	morials Expense			, TX, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeho	older name	Office soug	ht	Office he	eld
	Date	Payee name					
	03/04/2025	Reid, Mason					
	Amount (\$)	Payee address;	City; State	e; Zip Cod	le		
	\$10,000.00						
		Austin, TX 7870					
	PURPOSE OF		tegories listed at the top of this sc	chedule) ((b) Description		
	EXPENDITURE	Consulting Exp	ense		<u> </u>	outside of Texas. Com , TX, officeholder living	
					ш	content consul	
					300iai mediai	CONTENT CONSU	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					eld		
	Date	Payee name					
	06/26/2025	Reid, Mason					
	Amount (\$)	Payee address;	City; State	e; Zip Cod	le		
	\$5,000.00						
		TX					
	PURPOSE	(a) Category (See Ca	tegories listed at the top of this sc	chedule) ((b) Description		
	OF EXPENDITURE	Consulting Exp	ense			outside of Texas. Com	
					social media	, TX, officeholder living	expense
					Social Hitula	บบารนาเลาเ	
	Complete ONLY if direct	Candidate/Officeho	older name	Office soug	ht	Office he	7ld
	expenditure to benefit C/OI		nasi name	Cinco soug		Onice ne	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
l							

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/14 Rpt: 18/18	Morales Jr., Heriberto (The Honorable)	00084305
4	Date	5 Payee name	
	02/18/2025	Texas Climate Caucus	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/20/2025	amazon	
	Amount (\$) \$1,627.00	Payee address; City; State; Zip Code 410 Terry Ave N, Seattle 98109, WA	
		Seattle, WA 98109	
	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense es, office chair and coffee maker
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held