# 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 Comm 00032386		2 Total pages file 1	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Geanie W.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME			CUETIV	07/14/2025	
	NICKNAME	LAST Morrison		SUFFIX	0171472023	
		WOTTSOTT				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 4642					
ADDRESS					Receipt #	Amount
Change of Address	Victoria, TX 77903-4642					
					Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER		Jeffery L.		1411		
NAME	IVII.	Jeliery L.				
	NICKNAME	LAST		SUFFIX		
	Jeff	Williams				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	702 Santa Fe					
(Residence or Business)						
	Victoria, TX 77904					
7 0440404	ADEA CODE BUON	E NIII MARER - F	VTENCIONI			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(361) 676-5300					
9 DEDODT						
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	mnaign treasurer
		J Sour day belore	Ciccion	Kunon	appointment (office	
	X July 15	8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
		_	<u> </u>	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	
			eneral	Special	<del></del>	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	· (if known)	
II OFFICE	OFFICE HELD (if any) State Representative Distr	ict 30 Victoria		State Represent		
	State Representative Distr	ict 50 victoria		State Represent	dive District 50	
		GO T	O PAGE 2			
I						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Morrison, Geanie W.	(The Honorable)	<b>14</b> Filer ID ( 00032386	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political experience. These expenditures may have been made with officeholders are required to report this inform	hout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	ME	
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER	THAN PLEDGES, LOANS,	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTION'S MADE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	OANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 22,894.44
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T RIOD	HE LAST DAY OF THE	<b>\$</b> 157,933.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	S AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			enalty of perjury, that the acc des all information required to ode.	
		The Ho	onorable Geanie W. Morris	son
		Signati	ure of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	3 of 16		
<b>18</b> FILER NAI Morrison,	(Ethics Commission Filers)		
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 22,080.01
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 814.43
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 4/16	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	03/02/2025	BECKY BERGER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	349 PRIVATE RD
		SCHULENBURG, TX 78956
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.
		Candidate/Officeholder/Political Committee
		ON WEIGHT THE WINNE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	01/22/2025	CITI CARD
	Amount (\$)	Payee address; City; State; Zip Code
	\$363.78	8000 CENTRE PARK DR
		ST 380
		AUSTIN, TX 78754
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Credit Card Payment Credit Card Payment
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		DECEMBER STATEMENT
	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	02/25/2025	CITI CARD
	Amount (\$)	Payee address; City; State; Zip Code
	\$442.17	8000 CENTRE PARK DR
		ST 380
		AUSTIN, TX 78754
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		JANUARY STATEMENT
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printin hmittee Legal Services Salarie  The Instruction Guide explains how to	es/Wa	ages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME		İ	3	Filer ID (Ethics Commission Filers)	_
	Sch: 2/9 Rpt: 5/16		Morrison, Geanie W. (The Honorable)			_	00032386	
4	Date	5	Payee name					
	03/17/2025		CITI CARD					
6	Amount (\$)	7	Payee address; City; State; Zip	Cod	le			
	\$2.12		8000 CENTRE PARK DR					
			ST 380					
			AUSTIN, TX 78754					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	1	(b) Description			_
	OF EXPENDITURE	` '	Credit Card Payment		Check if travel o		de of Texas. Complete Schedule T.	
	EXPENDITURE		-		_		officeholder living expense	
					FEBRUARY S	šΤ	ATEMENT	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	soug	pht		Office held	
	Date		Payee name					=
	06/18/2025		CITI CARD					
	Amount (\$)		Payee address; City; State; Zip	Cod	le			_
	\$2.12		8000 CENTRE PARK DR					
			ST 380					
			AUSTIN, TX 78754					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(	(b) Description		de ef Taura Canada Calada	
	EXPENDITURE		Credit Card Payment		<b>=</b>		de of Texas. Complete Schedule T. officeholder living expense	
					MAY STATEN			
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office s	oug	ht		Office held	
	Date		Payee name					=
	04/15/2025		CITI CARD					
	Amount (\$)		Payee address; City; State; Zip	Cod	le			-
	\$2.12		8000 CENTRE PARK DR					
			ST 380					
			AUSTIN, TX 78754					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	1	(b) Description			_
	OF	<b> </b> ``	Credit Card Payment	`	Check if travel o		de of Texas. Complete Schedule T.	
	EXPENDITURE		•				officeholder living expense	
					APRIL STATE	ΞM	ENT	
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office s	בטוים	ıht		Office held	4
	expenditure to benefit C/O		Candidate/Officeriolder frame Office S	oug	ji it		Office field	
								-

### 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

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: 3/9 Rpt: 6/16	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	05/21/2025	CITI CARD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.12	8000 CENTRE PARK DR
		ST 380
		AUSTIN, TX 78754
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  MAY STATEMENT
		MAT STATEMENT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/08/2025	DE WEBWORKS
	Amount (\$)	Payee address; City; State; Zip Code
	\$199.00	3901 N MAIN
		VICTORIA, TX 77901
	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  WEBSITE ANNUAL FEE
		WEBSITE ANNOAL FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/30/2025	JEFF WILLIAMS
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	702 SANTA FE
		VICTORIA, TX 77904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		ETHICS REPORTING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 4/9 Rpt: 7/16	2 FILER NAME Morrison, Geanie W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00032386
4	Date	5 Payee name
_	01/10/2025	LAWSON STRATEGIES LLC
6	Amount (\$) \$2,775.58	7 Payee address; City; State; Zip Code 1407 LOST CREED BLVD
		AUSTIN, TX 78746
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  JANUARY STATEMENT
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2025	MID-COAST FAMILY SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2010 N NAVARRO
		STE A
		VICTORIA, TX 77901
	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  MAH JONG TOURNAMENT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	MID-COAST FAMILY SERVICES
	Amount (\$) \$1,900.00	Payee address; City; State; Zip Code 2010 N NAVARRO STE A VICTORIA, TX 77901
	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  FUND RAISER
	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
Git/Awards/Memorials Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 8/16	Morrison, Geanie W. (The Honorable) 00032386
4	Date 03/06/2025	5 Payee name STORAGE RENTALS OF AMERICA
6	Amount (\$) \$440.00	7 Payee address; City; State; Zip Code 4401 JOHN STOCKBAUER  VICTORIA, TX 77904
8	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  A136-MAR/APR
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2025	STORAGE RENTALS OF AMERICA
	Amount (\$) \$286.00	Payee address; City; State; Zip Code 4401 JOHN STOCKBAUER
		VICTORIA, TX 77904
	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  A136-MAY
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date 05/21/2025	Payee name STORAGE RENTALS OF AMERICA
	Amount (\$) \$572.00	Payee address; City; State; Zip Code 4401 JOHN STOCKBAUER
		VICTORIA, TX 77904
	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 A136-JUN/JUL
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

### 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

Travel in District

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

	Contributions/ Donations Made By 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:	
	Sch: 6/9 Rpt: 9/16	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	01/10/2025	SUSAN RODRIGUEZ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	109 VILLAFRANCA RD
		VICTORIA, TX 77904
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		STAFF BONUS
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	02/25/2025	THE NAVE MUSEUM
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	306 W COMMERCIAL ST
		VICTORIA, TX 77901
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		SPONSORSHP
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/25/2025	THE VINE SCHOOL
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	603 E MESQUITE LN
		VICTORIA, TX 77901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		FUND RAISER/TABLE SPONSER
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

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

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

	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: 7/9 Rpt: 10/16	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	04/08/2025	USPS
6	Amount (\$) \$113.00	7 Payee address; City; State; Zip Code 2804 SAM HOUSTON DR
Ļ		VICTORIA, TX 77903
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  BOX RENTAL
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2025	VICTORIA ADVOCATE
	Amount (\$) \$1,380.00	Payee address; City; State; Zip Code 101 W GOODWIN
		VICTORIA, TX 77901
	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 FOOTBALL & LABOR DAY SPECIAL SECTIONS
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2025	VICTORIA BACH FESTIVAL
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 202 N MAIN
		VICTORIA, TX 77901
	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  50TH ANNIVERSARY
	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 E 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 11/16	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	02/25/2025	VICTORIA CHAMBER OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	PO BOX 4642
		VICTORIA, TX 77092
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  DEC & JAN LUNCHEON
		DEC & JAN EUNCHEUN
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
⊨		
	Date	Payee name
	02/25/2025	VICTORIA CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	PO BOX 4642
		VICTORIA, TX 77092
	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 DINNER
⊢	Complete ONLY if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/25/2025	VICTORIA CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	PO BOX 4642
		VICTORIA, TX 77092
	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 VICTORIA DAY
		VICTORIA DAT
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/9 Rpt: 12/16	Morrison, Geanie W. (The Honorable) 00032386
4	Date	5 Payee name
	04/28/2025	VICTORIA CHAMBER OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	PO BOX 4642
		VICTORIA, TX 77092
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
		MARCH LUNCHEON
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/02/2025	VICTORIA COUNTY REPUBLICAN PARTY
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	115 SOUTH MAIN
		VICTORIA, TX 77901
	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/Ol	1
	Date	Payee name
	02/25/2025	VICTORIA SYMPHONY
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,750.00	405 E LOMA VISTA
		VICTORIA, TX 77901
	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
		FUND RAISER
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	<del>1</del>

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 1/4 Rpt: 13/16	Morrison, Geanie V	00032386						
4	CREDIT CARD ISSUER	Name of financial institution CITI		EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$2.12	01/01/2025						
7	PAYEE	(a) Payee name  GOOGLE STORAGE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PARKWAY					
Ļ	DUDDOOF OF	(a) Catagoni		MOUNTAIN VIEW, CA 94043					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description ONLINE STORAGE							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid			
		\$363.78	01/02/2025						
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		SAM'S CLUB #6471		9202 N N	NAVARRO				
				VICTOR	IA, TX 77904				
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Descrip					
		Office Overhead/Rent		STAFFS	SUPPORT				
	X Political								
	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid			
		\$26.72	01/07/2025						
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
TARGET		7608 ZAC LENTZ PKWY							
		TARGET							
┡	(a) Cotogoni		(b) Descri	IA, TX 77904					
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)		of this schedule)		SUPPLIES				
	X Political	Office Overhead/Rental Expense			30. 1 1.110				
	Non-Political	(a) Chack if travel queside of Towns Commission City   1.7			Chook if Assating TV	officeholder lining	20000		
$\vdash$	Complete ONLY if direct Candidate/Officeholder name Office s				Crieck if Austin, TX,	officeholder living exp	Jense		
<b> </b> e	expenditure to benefit C/OH	San anado, Sinocholder		- 5549111		J50 11010			
H		L							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	The Inst	ruction Guide explains how	to complete	this form.	, ,	,	,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 2/4 Rpt: 14/16	Morrison, Geanie V	00032386							
4 CREDIT CARD ISSUER	Name of final see p	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid				
	\$57.35	01/09/2025							
7 PAYEE	(a) Payee name OFFICE DEPOT		(b) Payee 5106 N N	address; NAVARRO	City,	State,	Zip Code		
				IA, TX 77904					
EXPENDITURE	Office Overhead/Rental Expense								
Non-Political				Chapte if Austin TV	officebolder living over				
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u> </u>	e sought	Check ii Austin, 1X,	officeholder living exp	Derise			
expenditure to benefit C/OH			o coug		0.1100 1.01u				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid				
	\$2.12	01/10/2025							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	GOOGLE STORAGE		1600 AMPHITHEATRE PARKWAY						
			MOUNTAIN VIEW, CA 94043						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Descrip	otion STORAGE					
X Political	omec overnedd/Kern	tai Experise							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid				
	\$37.46	01/13/2025							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	VICTORIA DONUTS		3805 N NAVARRO						
			VICTOR	IA, TX 77901					
PURPOSE OF	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description STAFF SUPPORT						
<u> </u>									
X Political									
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	oense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
experiulture to beliefit C/Off									

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 3/4 Rpt: 15/16	Morrison, Geanie V	00032386						
4	CREDIT CARD ISSUER	coo provious			F UNITEMIZED ITURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
		\$61.46	01/13/2025						
7	PAYEE	(a) Payee name HUVARS ARTISAN		(b) Payee at	ddress; AN LINN ST	City,	State,	Zip Code	
				VICTORIA	, TX 77901				
8	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	Office sought					
E	expenditure to benefit C/OH								
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
		\$207.06	02/06/2025						
PAYEE		(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
		SAM'S CLUB #6471		9202 N NA	VARRO				
				VICTORIA, TX 77904					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By		(b) Description FOOD DO					
	X Political	Candidate/Officeholde							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
6	Complete ONLY if direct			e sought		Office held			
	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 02/07/2025	(c) Date(s) C	Credit Card Issuer	r Paid			
PAYEE		(a) Payee name CITI CARD		(b) Payee ac 8000 CEN' ST 380 AUSTIN, T	TRE PARK DR	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERS						
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense		
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense 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			alaries/Wages/Cor		THER (enter a categ	ory not listed at	oove)	
	The Inst	ruction Guide explains how	w to complete t	his form.				
Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Sch: 4/4 Rpt: 16/16	4/4 Rpt: 16/16 Morrison, Geanie W. (The Honorable)				00032386			
4 CREDIT CARD	Name of financial institution see previous			OF UNITEMIZED				
ISSUER				DITURES ED TO A CREDIT	.  \$			
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$2.12	03/10/2025						
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		1600 AMPHITHEATRE PARKWAY						
	GOOGLE STORAG	E						
				IN VIEW, CA 94	1043			
8 PURPOSE OF	(a) Category (See Categories listed at the top	(b) Description ONLINE STORAGE						
EXPENDITURE	Office Overhead/Ren							
X Political								
Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$2.12	04/10/2025						
PAYEE	(a) Payee name	(b) Payee		City,	State,	Zip Code		
	GOOGLE STORAGE		1600 AMPHITHEATRE PARKWAY					
			MOLINITAINI VIEW CA 04042					
DUDDOCE OF	(a) Category		MOUNTAIN VIEW, CA 94043 (b) Description					
PURPOSE OF EXPENDITURE	(See Categories listed at the top of this schedule)		ONLINE STORAGE					
X Political	Office Overhead/Ren	tal Expense	ONLINE OF ON TOE					
	() 🗖							
	Non-Political (c) ☐ Check if travel outside of Texas. Complete Schedule T.  molete ONLY if direct   Candidate/Officeholder name   Offi			Check if Austin, TX,	Office held	<pre><pense< pre=""></pense<></pre>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onk	ce sought		Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
			(o) Dato(o)	Croan Cara issue	. r cac			
	\$2.12	05/10/2025						
PAYEE	(a) Payee name	<u> </u>	(b) Payee	address:	City,	State,	Zip Code	
	(a) r ayou name			PHITHEATRE P.		Otato,	Zip oodo	
	GOOGLE STORAGE		100071111112711112711111111111111111111					
			MOUNTA	AIN VIEW, CA 94	1043			
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE		ee Categories listed at the top of this schedule)		ONLINE STORAGE				
X Political	Office Overhead/Rental Expense							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX.	officeholder living ex	xpense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ce sought		Office held	-		
expenditure to benefit C/OH			-					