# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE U	ISE ONLY
	00069344		155			Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	NAME	The Honorable	Morgan D.			07/30/2025	
		NICKNAME	LAST		SUFFIX	1	
			Meyer			Date Hand-delivered or	Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	specify)		
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp				
		8th day before election	appointment (office	,,		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar · ·	Month Day	Year	Data Issa sad	
,	COVERED	01/01/2025	THROUGH	06/30/2025	rcai	Date Imaged	
6	EXPLANATION OF C			00/30/2023			
Ŭ		attention that there was a c	lerical error on two cor	ntributions which were	received and de	eposited during the	allowed window.
		de in good faith, and the rep				-pg	
	Please consider this a	a request for a waiver or re	duction of the late-filing	penalty under TEC F	Rule 18.25		
		•	_				
7	AFFIDAVIT		Low	oor or offirm under n	analty of parium	that this corrected	roport in true
				ear, or affirm, under p correct.	enally of perjury	, that this corrected	report is true
			Cho	ck the box next to any	and all applicat	alo statomonts:	
			Cile	ck the box next to any	anu an applicat	de statements.	
			X	Semiannual reports			
			_	was made in good fa misrepresent the info			l or to
				misrepresent the init	omation contain	ied in the report.	
			X	Other reports: 13			
				report not later than that the report as ori			
				swear, or affirm, that	t any error or on		
				filed was made in go	ood faith.		
				The H	Honorable Mor	gan D. Mever	
					ıre of Candidate	-	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		o.g.nate			
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	ribed before me, by the said, 20, to cert	tify which, witness my I	nand and seal of office	e.		
	Cinnet	ou o duo initato di e e e e et-	Duinta di secreta di C	fin an administrative	41. 7	Fisher of officers and the	intovinos nastr
	Signature of offic	er administering oath	Printed name of of	ficer administering oa	tn 7	Title of officer admin	istering oath
					_		

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00069344	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Morgan D.			Date Received  ELECTRONICA	LLY FILED
	NICKNAME	LAST Meyer		SUFFIX	07/30/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	3838 Oak Lawn Avenue					
ADDRESS	Suite 400				Receipt #	Amount
Change of Address	Dallas, TX 75219				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	•	
TREASURER NAME	Mr.	Jeff				
	NICKNAME	LAST		SUFFIX		
		Staubach				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	8343 Douglas Ave., Ste. 1	.00				
(Residence or Business)	Dallas, TX 75225					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (214) 438-6177	IE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after cam appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2025		IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 03/03/2026	LX P	rimary	Runoff	Other	
	03/03/2020	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	rict 108 Dallas		State Represent	ative District 108	
	•			•		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 155

13 C / OH NAME	Meyer, Morgan D. (T	ne Honorable)	14 Filer ID 00069344	(Ethics Commission Filers
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	itical expenditures made by political or made without the candidate's or office this information only if they receive no	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	Si Leine			
		COMMITTEE CAMPAIGN TREASL	JRER NAME	
		COMMITTEE CAMPAIGN TREASL	JRER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTION	(OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$ 0.0
	ES OF LOANS)	<b>\$</b> 161,730.0		
EXPENDITURE TOTALS	\$ 0.0			
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 82,556.1
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED RIOD	AS OF THE LAST DAY OF THE	<b>\$</b> 258,182.5
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	NG LOANS AS OF THE LAST DAY	\$ 0.0
17 AFFIDAVIT				
			n, under penalty of perjury, that the ac and includes all information required t lection Code.	
			The Honorable Morgan D. Mey	ver
			Signature of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and se	al of office.	
Clausetine	oor odministasis	Drinted rome of effects of 1.1.	storing Till- of M	r odministavia s sala
Signature of offi	cer administering	Printed name of officer adminis	stering Little of office	r administering oath

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

4 of 155

					4 01 100
<b>18</b> FIL	ER NAM	1E	19 Filer ID	(Ethi	ics Commission Filers)
Me	eyer, M	organ D. (The Honorable)	00069344		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	161,230.00
2.	X	\$	500.00		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				70,237.03
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	6,522.62
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	5,796.49
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 5/155	
2	FILER NAME Meyer, Morg	an D. (The Honorable)			3	Filer ID (Ethics Commission 00069344	on Filers)
4	Date 06/30/2025	<ul> <li>Full name of contributor  out-of-s</li> <li>Allen, Marcus</li> <li>Contributor address; City; State; Zip Co</li> </ul>			7	Amount of Contribution (\$)	\$500.00
_		Dallas, TX 75225					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor out-of-s Babcock, Christopher  Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$500.00
		Dallas, TX 75208					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor out-of-s Boyd, Bill Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75238					
	CPA	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 06/30/2025	Brooks, Gary				Amount of Contribution (\$)	\$250.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025	Bryant, Kevin	state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Crow Holdings	)		
			•				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to c	omplete this forn	1.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 6/155	
2	FILER NAME Meyer, Morg	an D. (The Honorable)			3	Filer ID (Ethics Commission 00069344	on Filers)
4	Date 06/26/2025	Choi, Roy	ut-of-state PAC (ID#: ip Code	)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Dallas, TX 75225 pation / Job title (See Instructions)	la	Employer (See Instructions			
	Executive	sation 7 300 title (See Instructions)		Knighted	,		
	Date 06/25/2025	Full name of contributor ou DTH Strategies, LLC  Contributor address; City; State; Zi		)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/25/2025	Full name of contributor ou Delisi Communications PAC Contributor address; City; State; Zi	ut-of-state PAC (ID#:ip Code	)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025	Durst, Timothy		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/24/2025	Eller, Timothy	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to com	nplete this forr	n.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 7/155	
2	FILER NAME Meyer, Morg	an D. (The Honorable)			3	Filer ID (Ethics Commission 00069344	n Filers)
4	Date 06/24/2025	<ul> <li>Full name of contributor  out-of- Energy Transfer Partners Texas P</li> <li>Contributor address; City; State; Zip C</li> </ul>		)	7	Amount of Contribution (\$)	\$2,000.00
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor out-of- Engleman, David  Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$50.00
		Dallas, TX 75230					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/27/2025	Full name of contributor out-of- Foley & Lardner LLP Texas Camp. Contributor address; City; State; Zip C	-	)		Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/24/2025	Glatstein, David	-state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/23/2025	Gorman, Jullian	-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			I				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 8/155	
2	FILER NAME Meyer, Morg	an D. (The Honorable)			3	Filer ID (Ethics Commission 00069344	on Filers)
4	Date 06/25/2025	<ul> <li>Full name of contributor  out-of Grace &amp; McEwan Consulting LLC</li> <li>Contributor address; City; State; Zip C</li> </ul>	-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/23/2025	Full name of contributor out-of Gravelle, David  Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$100.00
		Dallas, TX 75205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/25/2025	Full name of contributor out-of HILLCO PAC Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/25/2025	HOMEPAC of Texas	-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025	Krug, Adam	-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 9/155
2	FILER NAME Meyer, Morg	an D. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069344
4	Date 06/25/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$500.00
		Dallas, TX 75225			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date 06/30/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5,000.00
	Principal occu	Argyle, TX 75226 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	President		Matthews		
	Date 06/30/2025	Full name of contributor			Amount of Contribution (\$) \$100.00
		Dallas, TX 75205			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_McGuire Revocable Trust  Contributor address; City; State; Zip Code  Dallas, TX 75205			Amount of Contribution (\$) \$40,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>	

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 10/155	
2	FILER NAME Meyer, Morg	an D. (The Honorable)			3	Filer ID (Ethics Commission 00069344	on Filers)
4	Date 06/25/2025	<ul><li>5 Full name of contributor Moyers, James</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$125.00
_	<u> </u>	Dallas, TX 75219	T <sub>a</sub>				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor [ Noble, Ted  Contributor address; City; Stat		)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75225	1				
	CEO	pation / Job title (See Instructions)		Employer (See Instructions Wintec Energy	5)		
	Date 06/30/2025	Full name of contributor  Nugent, Jim  Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75244					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/23/2025	Full name of contributor Ozanne, Porter  Contributor address; City; State  Dallas, TX 75206		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Financial Se	pation / Job title (See Instructions)		Employer (See Instructions Probity Advisors	<u> </u>		
	Date 06/25/2025	Full name of contributor Perot, Jr., Ross Contributor address; City; Stat Dallas, TX 75219	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Chairman	pation / Job title (See Instructions)		Employer (See Instructions Hillwood Development	)		
			L				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 11/155
2	FILER NAME Meyer, Morg	an D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069344
4	Date 06/24/2025	<ul><li>5 Full name of contributor Plohg, Jim</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$) \$1,000.00
8	Principal occu	Dallas, TX 75225 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)	
	Date 06/27/2025	Full name of contributor  Rees-Jones, Trevor  Contributor address; City; Sta		HPS		Amount of Contribution (\$) \$25,000.00
	Principal occu CEO	Dallas, TX 75225 pation / Job title (See Instructions)		Employer (See Instructions Rees-Jones Holdings	<u> </u> ;)	
	Date 06/30/2025	Full name of contributor  Robinson, Jim  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$) \$100.00
	Principal occu	Weehawken, NJ 07086 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)	
	Date 06/23/2025	Full name of contributor Robinson, Shelby Contributor address; City; Sta				Amount of Contribution (\$) \$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)	
	Date 06/30/2025	Full name of contributor [ Ryan LLC PAC  Contributor address; City; Sta  Dallas, TX 75240	out-of-state PAC (ID#:			Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			1			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 12/155	
2	FILER NAME Meyer, Morg	an D. (The Honorable)			3	Filer ID (Ethics Commissi 00069344	on Filers)
4	Date 06/25/2025	<ul> <li>Full name of contributor  out-of-state PAC (III Sewell, Carl</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$10,000.00
		Dallas, TX 75225					
8	Principal occu Owner	pation / Job title (See Instructions)	9	Employer (See Instructions Sewell Automotive Com		nies	
	Date 06/30/2025	Full name of contributor out-of-state PAC (II Sewell III, Carl Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Dallas, TX 75205 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	CEO	pation / Job title (See Instructions)		Sewell Automotive Com		nies	
	Date 06/23/2025	Full name of contributor out-of-state PAC (II Smith, Colin Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75205	_		L		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (If Stradley, Mark  Contributor address; City; State; Zip Code  Dallas, TX 75243		)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (II TREPAC - Texas Realtors PAC Contributor address; City; State; Zip Code Austin, TX 78768	D#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 9/10 Rpt: 13/155		
2	FILER NAME Meyer, Morg	an D. (The Honorable)			3	Filer ID (Ethics Commission 00069344	n Filers)
4	Date 06/30/2025  5 Full name of contributor out-of-state PAC (ID#:) Terry, Mike 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00		
8	Principal occu	Dallas, TX 75244 pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	President			MTE	,		
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$) \$	10,000.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	i illoipai oooa			Employer (eee meadeache	,		
	Date 06/30/2025	Full name of contributor out-o Tibbals, James  Contributor address; City; State; Zip C	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Dallas, TX 75251						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 06/23/2025	Weekley, Richard	f-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu Founder	oation / Job title (See Instructions)		Employer (See Instructions Weekley Properties	)		
	Date 06/25/2025	Full name of contributor out-o Wholesale Beer Distributors of Te Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$2,500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
			<b>'</b>				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/10 Rpt: 14/155	
	FILER NAME Meyer, Morg	gan D. (The Honorable)		3	Filer ID (Ethics Commission 00069344	n Filers)
	Date 06/30/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75225				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 06/30/2025	Full name of contributor	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	L	SCHEDULE A2
	The Instruction Guide explains how to complete this form.	
2 FILER NAME Meyer, Morgan D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069344
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 06/25/2025 6 Full name of contributor out-of-state PAC (ID#: Associated Republicans of Texas Campaign Fur 7 Contributor address; City; State; Zip Code	nd	8 Amount of contribution (\$)   9 In-kind contribution description \$500.00   Campiagn Digital Advertising
Austin, TX 78746		Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/86 Rpt: 16/155	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	01/13/2025	AGI Renters Insurance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.42	1401 Lakeway Drive
		#1401A
		Lewisville, TX 75057
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.  Check if Austin, TX, officeholder living expense
		Rental insurance payment for officeholder's
		apartment in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/13/2025	AGI Renters Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.42	1401 Lakeway Drive
		#1401A
		Lewisville, TX 75057
	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
		X   Check if Austin, TX, officeholder living expense   Rental insurance payment for officeholder's
		apartment in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/13/2025	AGI Renters Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.42	1401 Lakeway Drive
		#1401A
		Lewisville, TX 75057
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		Rental insurance payment for officeholder's apartment in Austin
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

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

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

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

	Candidate/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: 2/86 Rpt: 17/155	Meyer, Morgan D. (The Honorable)	00069344
4	Date	5 Payee name	
	04/14/2025	AGI Renters Insurance	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$23.42	1401 Lakeway Drive	
		#1401A	
		Lewisville, TX 75057	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice overnead/Nerital Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		,	urance payment for officeholder's
		apartment	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/13/2025	AGI Renters Insurance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.42	1401 Lakeway Drive	
		#1401A	
		Lewisville, TX 75057	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overneda/Nental Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		,	urance payment for officeholder's
		apartment	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/13/2025	AGI Renters Insurance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.42	1401 Lakeway Drive	
		#1401A	
		Lewisville, TX 75057	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overneau/Nental Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
			urance payment for officeholder's
		apartment	in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission F	ers)	
Sch: 3/86 Rpt: 18/155         Meyer, Morgan D. (The Honorable)         00069344		
4 Date 5 Payee name		
01/07/2025 AT&T		
6 Amount (\$) 7 Payee address; City; State; Zip Code		
\$45.60 208 S. Akard Street		
Dallas, TX 75202		
OF Office Overhead/Rental Expense		
EXPENDITURE  Office Overflead/Refital Expense    X   Check if Austin, TX, officeholder living expense		
Internet service for officeholder's Austin apartn	ent	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH		
Date Payee name		
02/07/2025 AT&T		
Amount (\$) Payee address; City; State; Zip Code		
\$67.95 208 S. Akard Street		
, 5.135   255 211 1111 211 211 211		
Dallas, TX 75202		
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  (b) Description		
Office Overhead/Rental Expense  EXPENDITURE  Office Overhead/Rental Expense    Check if travel outside of Texas. Complete Schedule T.		
Internet service for officeholder's Austin apartn	ent	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH		
Date Payee name		
03/10/2025 AT&T		
Amount (\$) Payee address; City; State; Zip Code		
\$65.60 208 S. Akard Street		
Dallas, TX 75202		
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   Internet service for officeholder's Austin apartn	ont	
internet service for officeriolder's Austin apartir	CIIL	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 4/86 Rpt: 19/155	Meyer, Morgan D. (The Honorable) 00069344	
4	Date	5 Payee name	
	04/08/2025	AT&T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$65.60	208 S. Akard Street	
		Dallas, TX 75202	
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.	
		<ul> <li>X Check if Austin, TX, officeholder living expense</li> <li>Internet service for officeholder's Austin apartment</li> </ul>	
		internet service for officeriolider's Austin apartitient	
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name Office sought	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/08/2025	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.60	208 S. Akard Street	
		Dallas, TX 75202	
	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.	
		<ul> <li>X Check if Austin, TX, officeholder living expense</li> <li>Internet service for officeholder's Austin apartment</li> </ul>	
		internet service for officeriolider's Austin apartment	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	06/09/2025	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.66	208 S. Akard Street	
		Dallas, TX 75202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		X Check if Austin, TX, office holder living expense	
		Internet service for officeholder's Austin apartment	
_	Operation ONE VIII II	On didn't 10 ff a balden name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	0.poa.a.o to 20 0/0/1		

### 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: 5/86 Rpt: 20/155	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	01/07/2025	Abadie, Madeline
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	6000 Ed Bluestein Blvd
		Apt. 7205
		Austin, TX 78723
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
		Contract labor for campaign services
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	
	04/18/2025	Payee name Abadie, Madeline
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	6000 Ed Bluestein Blvd
		Apt. 7205
		Austin, TX 78723
	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  Contract labor for campaign services
		Contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/23/2025	Access Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.00	117 W 4th St
		Austin, TX 78701
	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.
	2/11 2/13/17 C/12	Check if Austin, TX, officeholder living expense
		Parking for Capitol staff at event in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

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

	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: 6/86 Rpt: 21/155	Meyer, Morgan D. (The Honorable)	00069344
4	Date	5 Payee name	
	01/14/2025	Adobe InDesign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.89	345 Park Avenue	
		San Jose, CA 95110	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	el outside of Texas. Complete Schedule T.
	EXPENDITURE		tin, TX, officeholder living expense
		Online office	e support software for campaign
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to benefit C/Oi		
	Date	Payee name	
	03/14/2025	Adobe InDesign	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.89	345 Park Avenue	
		San Jose, CA 95110	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , , , , , , , , , , , , , , , , , ,	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		Online office	e support software for campaign
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/14/2025	Adobe InDesign	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.89	345 Park Avenue	
		San Jose, CA 95110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T.
	LAFLINDITORE		tin, TX, officeholder living expense
l		Online office	e support software for campaign

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/86 Rpt: 22/155	2 FILER NAME Meyer, Morgan D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069344
4	Date 02/14/2025	5 Payee name Adobe InDesign
6	Amount (\$) \$24.89	7 Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110
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 Online office support software for campaign
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/14/2025	Payee name Adobe InDesign
	Amount (\$) \$24.89	Payee address; City; State; Zip Code  345 Park Avenue  San Jose, CA 95110
	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 Online office support software for campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/16/2025	Payee name Adobe InDesign
	Amount (\$) \$24.89	Payee address; City; State; Zip Code  345 Park Avenue
		San Jose, CA 95110
	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 Online office support software for campaign
	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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 8/86 Rpt: 23/155	Meyer, Morgan D. (The Honorable) 00069344	
4	Date	5 Payee name	
	01/21/2025	Adobe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.97	345 Park Avenue	
		San Jose, CA 95110	
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 Online office support software for campaign	
		Chine office support software for earnpaign	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
-	Date	Daysa nama	
	02/21/2025	Payee name	
		Adobe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.97	345 Park Avenue	
		San Jose, CA 95110	
	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	
		Online office support software for campaign	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	D :		
	Date	Payee name	
	03/21/2025	Adobe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.97	345 Park Avenue	
		San Jose, CA 95110	
	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	
		Online office support software for campaign	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

### 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

rsement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Control Processor and Related Above Control Processor and Related Expense C

	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: 9/86 Rpt: 24/155	Meyer, Morgan D. (The Honorable) 00069344	
4	Date	5 Payee name	
	04/24/2025	Adobe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.97	345 Park Avenue	
		San Jose, CA 95110	
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 Online office support software for campaign	
		Offiline office support software for campaign	
_	0 1: 0 11 1 1		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	•		
	Date	Payee name	
	05/21/2025	Adobe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.97	345 Park Avenue	
		San Jose, CA 95110	
	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	
		Online office support software for campaign	
		Chimic office support software for campaign	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	06/23/2025	Adobe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.97	345 Park Avenue	
		San Jose, CA 95110	
	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	
		Online office support software for campaign	
_	Commission ONU Wife allows	Condidate/Officeholder name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	- p		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	01/07/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.41	410 Terry Ave. North
		Seattle, WA 98109
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
		Supplies for Capitol office
		Supplies for Suprior Sinice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/10/2025	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	410 Terry Ave. North
		Seattle, WA 98109
	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
		Supplies for Capitol office
		Cappines for Capital Silice
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/21/2025	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$63.19	410 Terry Ave. North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for Capitol office
$\vdash$	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 -

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/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: 11/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	01/31/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.02	410 Terry Ave. North
		Seattle, WA 98109
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  Supplies for Capitol office
		Supplies for Capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	the state of the s
⊨	Date	
	Date	Payee name
	02/24/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.03	410 Terry Ave. North
		Seattle, WA 98109
	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  Supplies for Capitol office
		Supplies for Capitor office
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	03/06/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.58	410 Terry Ave. North
		Seattle, WA 98109
	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  Supplies for Capitol office
		Supplies for Capitor office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 12/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	03/12/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.09	410 Terry Ave. North
		Seattle, WA 98109
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
		Supplies for Capitol office
		σαρβίτου του σαρικού οπίσο
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/07/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.26	410 Terry Ave. North
		Seattle, WA 98109
	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
		Supplies for Capitol office
		Саррностол Сарностолнос
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/18/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.09	410 Terry Ave. North
		Seattle, WA 98109
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for Capitol office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 13/86 Rpt:	FILER NAME     Meyer, Morgan D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069344
4	Date 02/12/2025	5 Payee name Austin Daily Press	I
6	Amount (\$) \$104.15	7 Payee address; City; State; Zip Code 1900 E Martin Luther King Blvd, Ste B Austin, TX 78702	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Lunch for Capitol staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/18/2025	Payee name Best Buy	
	Amount (\$) \$21.64	Payee address; City; State; Zip Code 9378 N Central Expy Frontage Rd Dallas, TX 75231	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tripod for campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/24/2025	Payee name Byers, Jenna	
	Amount (\$) \$1,700.00	Payee address; City; State; Zip Code 3417 Rawlins St #17 Dallas, TX 75219	
	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 Schedule T.  Check if Austin, TX, officeholder living expense  Contract labor for campaign services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_ <del>_</del>			

### 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

	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: 14/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	02/21/2025	Byers, Jenna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,700.00	3417 Rawlins St
		#17
		Dallas, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor for campaign services
		Contract labor for campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/21/2025	Byers, Jenna
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3417 Rawlins St
		#17
		Dallas, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor for campaign services
		Contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/16/2025	Byers, Jenna
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3417 Rawlins St
		#17
		Dallas, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Contract labor for campaign services
		Contract labor for campaign services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	06/18/2025	Byers, Jenna
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 3417 Rawlins St #17 Dallas, TX 75219
8	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  Contract labor for campaign services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	CVS Pharmacy
	Amount (\$) \$20.10	Payee address; City; State; Zip Code 4207 Lemmon Ave
		Dallas, TX 75219
	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 Supplies for campaign office
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date 03/31/2025	Payee name CVS
	Amount (\$) \$9.59	Payee address; City; State; Zip Code 2402 Guadalupe St
		Austin, TX 78705
	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  Supplies for Capitol office
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 16/86 Rpt:	FILER NAME     Meyer, Morgan D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069344
4	Date 02/06/2025	5 Payee name Capitol Visitor's Parking	
6	Amount (\$) \$11.00	7 Payee address; City; State; Zip Code 1201 San Jacinto Blvd  Austin, TX 78701	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking for Capitol staff at event in Austin
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 06/12/2025	Payee name Center for BrainHealth	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2200 W Mockingbird Ln  Dallas, TX 75235	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Dues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 02/24/2025	Payee name Chick Fil A	
	Amount (\$) \$53.91	Payee address; City; State; Zip Code 503 W Martin Luther King Jr Blvd	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Lunch for Capitol staff
	Complete ONLY if direct expenditure to benefit C/Ol	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

	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)
L	· 	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: 17/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	02/05/2025	Chick Fil A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.88	503 W Martin Luther King Jr Blvd
	***	
		Aughin TV 70701
L		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
		Office Lunch for Capitol staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	
	Date	Payee name
	04/18/2025	Chick Fil A
H	Amount (\$)	Payee address; City; State; Zip Code
	\$67.20	503 W Martin Luther King Jr Blvd
	<b>401.20</b>	Soo William Edulor Ming of Biva
		A
L		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Office Lunch for Capitol staff
		Office Edition for Capitor stain
┡	Operation ONE V if allowed	Our Midde (Office helds a game)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/01/2025	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.32	503 W Martin Luther King Jr Blvd
		Austin, TX 78701
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (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
		Office Lunch for Capitol staff
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	05/12/2025	Chick Fil A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.33	503 W Martin Luther King Jr Blvd
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Lunch for Capitol staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/19/2025	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.74	503 W Martin Luther King Jr Blvd
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Lunch for Capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/18/2025	Chipotle Mexican Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.60	2705 McKinney Ave
	421.00	
		Dallas, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lunch for staff
	0 1 0 0 1 1 1 1	
	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 Comm

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/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 19/86 Rpt:	2 FILER NAME Meyer, Morgan D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069344
<b>4</b> Date 05/27/2025	5 Payee name Chipotle
6 Amount (\$) \$105.30	7 Payee address; City; State; Zip Code 801 Congress Ave. Ste 100 Austin, TX 78701
8 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 Office Lunch for Capitol staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date 06/02/2025	Payee name Chipotle
Amount (\$) \$83.78	Payee address; City; State; Zip Code  801 Congress Ave.  Ste 100  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 Office Lunch for Capitol staff
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 06/25/2025	Payee name Chipotle
Amount (\$) \$49.61	Payee address; City; State; Zip Code 801 Congress Ave. Ste 100 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 Office Lunch for Capitol staff
Complete ONLY if direct expenditure to benefit C/C	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	al 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 Filer	s)
	Sch: 20/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344	
4	Date	5 Payee name	
	01/07/2025	City of Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$220.20	301 W. 2nd Street	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	X Check if Austin, TX, officeholder living expense	
		Utilities for officeholder's apartment in Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/05/2025	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.95	301 W. 2nd Street	
		Austin, TX 78701	
	DUDDOCE		
	PURPOSE 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	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Utilities for officeholder's apartment in Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	06/05/2025	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$290.09	301 W. 2nd Street	
	Ψ290.09	301 W. Zhu Street	
		Austin, TX 78701	
	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	
		Utilities for officeholder's apartment in Austin	
	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 Com

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

	Candidate/Officenoider/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: 21/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	04/18/2025	Clayton Spangler Photographic Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	235 Point Lick Drive
		Charleston, WV 25306
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  TX House of Representatives panoramic photo
		The state of the process of the proc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	01/02/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.28	1601 Trapelo Road
		Watham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  E-newsletter account for campaign
		E newsietter decount for earnpaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/03/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.28	1601 Trapelo Road
		Watham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-newsletter account for campaign
		L-newsietter account for campaign
	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	
1	Total pages Schedule F1:	
1	Sch: 22/86 Rpt:	Meyer, Morgan D. (The Honorable)  O0069344
4	Date	5 Payee name
	03/03/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$311.28	1601 Trapelo Road
		Watham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		E-newsletter account for campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
<b>—</b>	Date	Payee name
	04/02/2025	Constant Contact
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.28	1601 Trapelo Road
		Watham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA LADITORL	Check if Austin, TX, officeholder living expense
		E-newsletter account for campaign
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiorare to belieff C/Of	1
	Date	Payee name
	05/02/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.28	1601 Trapelo Road
		Watham, MA 02451
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		E-newsletter account for campaign
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	06/02/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$346.45	1601 Trapelo Road
		Watham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-newsletter account for campaign
		E newsletter account for campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/12/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$237.34	10401 Research Blvd
		Austin, TX 78759
	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
		Supplies for Capitol office
		Supplies for Supplies the Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<b>D</b> .	
	Date	Payee name
	01/28/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.60	4301 W William Cannon Dr
		BLDG A100
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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 Con-

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				ages	/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 24/86 Rpt:	ı	Meyer, Morgan D. (The Honorable)				00069344	. ,
4	Date	5	Payee name					
	02/13/2025		Costco					
6	Amount (\$)	7	Payee address; City; State; 2	Zip Cod	de			
	\$146.05		4301 W William Cannon Dr					
			BLDG A100					
			Austin, TX 78749					
8	PURPOSE	⊢	Category (See Categories listed at the top of this schedu	lulo)	(b)	Description		
	OF		Office Overhead/Rental Expense	uie)	( - ,	Check if travel outside	de of Texas. Comp	olete Schedule T.
	EXPENDITURE					Check if Austin, TX,	officeholder living	expense
						Supplies for Cap	oitol office	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Offi	fice soug	ght		Office he	ld
	expenditure to benefit C/Of	17						
	Date		Payee name					
	03/04/2025		Costco					
	Amount (\$)		Payee address; City; State;	Zip Cod	de			
	\$62.27		4301 W William Cannon Dr					
			BLDG A100					
			Austin, TX 78749					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel outside		
	LAI LINDITUIL					Check if Austin, TX,		expense
						Supplies for Cap	DITOLOULINE	
L	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	fice sour	nh+		Office he	Id
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Offi	fice soug	J110		Office he	iu
	Date		Payee name					
L	03/12/2025	L	Costco					
	Amount (\$)		Payee address; City; State;	Zip Cod	de			
	\$77.02		4301 W William Cannon Dr					
			BLDG A100					
			Austin, TX 78749					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel outside		
						Check if Austin, TX, Supplies for Cap		expense
						Supplies for Cap	ALOI UIIICE	
	Complete ONLY if direct	Щ	Candidate/Officeholder name Offi	fice soug	thr		Office he	ld
	expenditure to benefit C/O		Olli		9116		Omoc ne	

#### 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		ages.	/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 25/86 Rpt:	ı	Meyer, Morgan D. (The Honorable)				00069344	
4	Date	5	Payee name					
	03/25/2025		Costco					
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	de			
	\$151.45		4301 W William Cannon Dr					
			BLDG A100					
		١.	Austin, TX 78749					
8	PURPOSE	$\vdash$	Category (See Categories listed at the top of this		(h)	Description		
ľ	OF		Office Overhead/Rental Expense	scnedule)	(2)	Check if travel outs	ide of Texas. Comp	olete Schedule T.
	EXPENDITURE		Onice Overneda/Nental Expense			Check if Austin, TX		
						Supplies for Car	oitol office	
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name	Office sou	ght		Office he	ld
H	Date		Payee name					
	04/04/2025	ı	Costco					
-	Amount (\$)	_		te; Zip Co	de			
	\$170.38	l	4301 W William Cannon Dr	, <u></u> p 00				
	Ψ110.00	l	BLDG A100					
		l						
		├	Austin, TX 78749					
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description	ide of Toyon Comm	slote Cobodule T
	EXPENDITURE		Office Overhead/Rental Expense			Check if travel outs Check if Austin, TX		
						Supplies for Car		•
						·		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ght		Office he	ld
H	Date	<u> </u>	Payee name					
	04/14/2025	l	Costco					
	Amount (\$)	_		te; Zip Co	de			
	\$66.42	l	4301 W William Cannon Dr	.c, 2ip C0	uC			
	Ψ00.42	l						
		l	BLDG A100					
		<u> </u>	Austin, TX 78749					
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description	ide of T C	alete Cebedule T
	EXPENDITURE		Office Overhead/Rental Expense			Check if travel outsi		
						Supplies for Cap	-	- p
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght		Office he	ld
	expenditure to benefit C/O	Н						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

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		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
1	Sch: 26/86 Rpt:	Meyer, Morgan D. (The Honorable)	00069344
4	Date	5 Payee name	•
	04/25/2025	Costco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$143.22	4301 W William Cannon Dr	
		BLDG A100	
		Austin, TX 78749	
8	PURPOSE	(a) Catagony (a) Description	
١	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Experise	n, TX, officeholder living expense
		Supplies for	Capitol office
			·
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/08/2025	Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$164.86	4301 W William Cannon Dr	
	Ψ104.00		
		BLDG A100	
		Austin, TX 78749	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Supplies for	Capitol office
			255
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/27/2025	Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.96	4301 W William Cannon Dr	
		BLDG A100	
		Austin, TX 78749	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	autoide ef Taura Comunicate Cabandula T
	EXPENDITURE	Onice Overricad/Nertial Expense	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
			Capitol office
		Cappiles for	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Onice nelu

#### 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)
Ĺ	Sch: 27/86 Rpt:	Meyer, Morgan D. (The Honorable)	-,
4	Date	5 Payee name	
	01/28/2025	DirectTV	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$124.46	2260 East Imperial Hwy	
		El Segundo, CA 90245	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		X Check if Austin, TX, officeholder living expense	
		TV service for officeholder's Austin apartment	
L			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiantare to benefit ere		
	Date	Payee name	
	02/28/2025	DirectTV	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$124.46	2260 East Imperial Hwy	
		El Segundo, CA 90245	
	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	
		TV service for officeholder's Austin apartment	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	03/28/2025	DirectTV	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$124.46	2260 East Imperial Hwy	
	,		
		El Segundo, CA 90245	
	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 TV service for officeholder's Austin apartment	
		I V Service for officeriolider's Austri apartment	
	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 B

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memori Legal Services  The Instruction	·		/ages	/Contract Labor		Travel Out of E OTHER (enter	District a category not listed above)	
_	Tatal manage Oak 11 Et	_	EU ED MAN		-aiac expiaiiis				_	Elle IP	(Ethios Commission Ethio)	
1	Total pages Schedule F1: Sch: 28/86 Rpt:	2		: gan D. (The H	lonorable)				3	Filer ID 00069344	(Ethics Commission Filers)	
Ļ	-	<u> </u>		yan D. (THE F	ioriorabie)					00003344	•	
4	Date	5	Payee name									
L	04/28/2025	L	DirectTV									
6	Amount (\$)	7	Payee addre		State	e; Zip Co	de					
	\$124.46		2260 East I	mperial Hwy								
			El Segundo	, CA 90245								
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE			head/Rental E				므			mplete Schedule T.	
										officeholder livi		
								i v service io	ıı Ul	mcenoluer	s Austin apartment	
_	Complete ONLY if alice -t	Ļ	Condidate /Cff	ooboldor		Office as:	ab+			Office	and	
9	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Offi	ceholder name	(	Office sou	gnt			Office I	neiu	
L		_										
	Date		Payee name									
	05/28/2025		DirectTV									
	Amount (\$)		Payee addre	•	State	e; Zip Co	de					
	\$124.46		2260 East I	mperial Hwy								
			El Segundo	, CA 90245								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	Expense			ш			mplete Schedule T.	
								_		officeholder livi	ng expense s Austin apartment	
								I V SCIVICE IU	, UI	inceriolael :	ο πασιπι αραπιπιστιτ	
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office I	neld	
	expenditure to benefit C/O			-55.461 /141116	·	50 50u	g t			0.1100 1		
<b>-</b>	Date	Г	Payee name									
	06/30/2025		DirectTV									
_		$\vdash$	Payee addre	oc: Citu:	Ctoto	y Zin Co	dc					
	Amount (\$) \$124.46				Siale	e; Zip Co	ue					
	\$124.46		∠∠oo Easi I	mperial Hwy								
			El Cara de la	04.00045								
			El Segundo	, CA 90245								
	PURPOSE OF	(a)		ee Categories listed		hedule)	(b)	Description	a	do of T	mulata Cabadida T	
	EXPENDITURE		Office Over	head/Rental E	expense			Check if travel of X Check if Austin			mplete Schedule T.	
											s Austin apartment	
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office I	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 Con

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 29/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	02/06/2025	DoubleTree by Hilton Hotel Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.06	6505 North Interstate Highway 35
		Austin, TX 78752
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  Overnight parking for camapign staff while in Austin
		Overnight parking for earnapigh stall while in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/19/2025	Etsy
	Amount (\$)	Payee address; City; State; Zip Code
	\$422.74	117 Adams St.
		Brookyln, NY 11201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gifts for Capitol Staff
		Cities for Suprior Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/08/2025	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.00	4920 McKinney Avenue
	Ψ230.00	4320 Michinity Avenue
		Dallas, TX 75204
	PURPOSE	In.
	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
		Campaign storage units
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	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 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: 30/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	01/13/2025	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$257.00	4920 McKinney Avenue
		Dallas, TX 75204
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Campaign storage units
		Campaigh storage units
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	02/10/2025	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.00	4920 McKinney Avenue
	Ψ230.00	4520 McNilliey Avenue
		Dallac TV 75204
	DUDD005	Dallas, TX 75204
	PURPOSE 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	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign storage units
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/11/2025	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$257.00	4920 McKinney Avenue
		Dallas, TX 75204
	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  Campaign storage units
		Campaign ciolage anne
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

### 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

	•	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 31/86 Rpt:	2 FILER NAME Meyer, Morgan D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069344
Ļ	<u> </u>			00009344
4	Date 03/10/2025	5 Payee name Extra Space Storage		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$258.00	4920 McKinney Avenue		
		Dallas, TX 75204		
8	PURPOSE		(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Omoc Overnous/Nerval Expense		Check if Austin, TX, officeholder living expense
l				Campaign storage units
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
┡				
	Date	Payee name		
┡	03/11/2025	Extra Space Storage		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$257.00	4920 McKinney Avenue		
		D-II TV 75004		
┡		Dallas, TX 75204		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
l				Campaign storage units
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experialiture to benefit C/Oi	1		
l	Date	Payee name		
	04/08/2025	Extra Space Storage		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$258.00	4920 McKinney Avenue		
		Dallas, TX 75204		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
l				Campaign storage units
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit 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: 32/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344	
4	Date	5 Payee name	_
	04/11/2025	Extra Space Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$257.00	4920 McKinney Avenue	
		Dallas, TX 75204	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign storage units	
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/OI	Candidate/Officeholder name Office sought Office held	
┡	·		_
	Date	Payee name	
L	05/15/2025	Extra Space Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$257.00	4920 McKinney Avenue	
l			
		Dallas, TX 75204	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Campaign storage units	
		a timpunga at timp	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	_
	05/23/2025	Extra Space Storage	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$345.80	4920 McKinney Avenue	
		Dallas, TX 75204	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign storage units	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefit 6/01	·	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 33/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344	
4	Date	5 Payee name	_
	06/09/2025	Extra Space Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$290.00	4920 McKinney Avenue	
		Dallas, TX 75204	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
ľ	OF	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign storage units	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experialture to beliefit C/OI	<u> </u>	
	Date	Payee name	
l	06/11/2025	Extra Space Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$257.00	4920 McKinney Avenue	
l			
l		Dallas, TX 75204	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
l	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITORE	Check if Austin, TX, officeholder living expense	
l		Campaign storage units	
┡	Complete ONLY if direct	Condidate/Officeholder name	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
⊨			_
	Date	Payee name	
L	01/21/2025	Extra Space Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$360.00	4920 McKinney Avenue	
		Dallas, TX 75204	
	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  Campaign storage units	
		Sampaigh storage units	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
			_
l			

#### 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

nse Travel in ense Travel O es/Contract Labor OTHER

	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: 34/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	01/28/2025	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$440.00	4920 McKinney Avenue
		Dallas, TX 75204
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  Campaign storage units
		Campaign storage units
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/19/2025	Extra Space Storage
H	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	4920 McKinney Avenue
		Dallas, TX 75204
	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
		Campaign storage units
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/28/2025	Extra Space Storage
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$440.00	4920 McKinney Avenue
		Dallas, TX 75204
	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  Campaign storage units
		Campaign storage units
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 35/86 Rpt:	Meyer, Morgan D. (The Honorable)  00069344
4	Date	5 Payee name
	03/19/2025	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$360.00	4920 McKinney Avenue
		Dallas, TX 75204
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.  Check if Austin, TX, officeholder living expense
		Campaign storage units
		Campaign storage anno
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	
	03/28/2025	Payee name  Extra Space Storage
		Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$440.00	4920 McKinney Avenue
		Dallas, TX 75204
	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  Campaign storage units
		Campaign storage units
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 04/21/2025	Payee name  Extra Space Storage
		Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	4920 McKinney Avenue
		Dallas, TX 75204
	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  Campaign storage units
		Campaign storage units
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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: 36/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	04/28/2025	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$440.00	4920 McKinney Avenue
		Dallas, TX 75204
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  Campaign storage units
		Campaign storage units
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/19/2025	Extra Space Storage
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	4920 McKinney Avenue
	φουσ.σσ	4020 Mortimey / Worldo
		Dallas, TX 75204
	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
		Campaign storage units
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/28/2025	Extra Space Storage
H	Amount (\$)	Payee address; City; State; Zip Code
	\$440.00	4920 McKinney Avenue
	¥ 1.0.00	10-20 1110 11111111111111111111111111111
		Dallas, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
l	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign storage units
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 37/86 Rpt:	Meyer, Morgan D. (The Honorable)	00069344
4	Date	5 Payee name	
	06/20/2025	Extra Space Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$360.00	4920 McKinney Avenue	
		Dallas, TX 75204	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overneaa/Nerital Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
			storage units
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/30/2025	Extra Space Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$440.00	4920 McKinney Avenue	
		Dallas, TX 75204	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overnead/Nerital Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
			storage units
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/14/2025	Fedex Office Print & Ship	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$461.23	3905 Oak Lawn Ave	
		Suite 110	
		Dallas, TX 75219	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ Advertising Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
			campaign materials
			. 5
	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)**

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	05/16/2025	Fedex Office Print & Ship
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$324.62	327 Congress Ave
		Ste 100
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Mailing of campaign materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	05/19/2025	Fedex Office Print & Ship
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.20	327 Congress Ave
		Ste 100
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Mailing of campaign materials
		Mailing of Campaign materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2025	Fixe
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.20	500 W 5th St
		Austin, TX 78701
	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
		Parking for Capitol staff at event in Austin
_	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

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  The Instruction Guide	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 39/86 Rpt:		rgan D. (The Honor	able)				00069344		
4	Date	5 Payee name	<del>;</del>							
	01/13/2025	Flower Chi	ld							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	ode					
	\$39.85	500 W. 2nd	j St., #133							
		Austin, TX	78701							
8	PURPOSE	(a) Category (s	See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			ш		de of Texas. Com		
						Office Lunch		officeholder living		
						Office Editori	101	Capitor stari		
9	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	laht Iaht			Office he	714	
9	expenditure to benefit C/O		icenoidei name	Office soc	igni			Office fie	au	
⊨	Date	Payee name								
	01/06/2025	1	, public Square							
	Amount (\$)	Payee addre	•	State; Zip Co	nde					
	\$3,327.11	1	llupe Street	State, Zip Ct	Jue					
	Ψ5,521.11	401 Guada	iupe Street							
		Accetic TV	70701							
		Austin, TX								
	PURPOSE OF		See Categories listed at the to		(b)	Description		d4.T O	olote Cobodule T	
	EXPENDITURE	Office Ove	rhead/Rental Exper	ise				de of Texas. Comp officeholder living		
						Rent for office				
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name	)							
	02/03/2025	Gables Re	public Square							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$3,501.85	401 Guada	lupe Street							
		Austin, TX	78701							
	PURPOSE	(a) Category (S	See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	ise				de of Texas. Com		
						Rent for office		officeholder living		
						IVELICIOI OIIICE	CIIC	nuci 3 Auslii	ι αμαιτιπεπι	
	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office sou	L Iaht			Office he	ald	
	expenditure to benefit C/O		.cc.ioidoi ridirio	Since 300	9,11			Silloc He		
l										

#### 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 40/86 Rpt:	Meyer, Morgan D. (The Honorable)  00069344
4	Date	5 Payee name
	03/04/2025	Gables Republic Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,558.38	401 Guadalupe Street
		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.
	ZA ZADITORZ	X Check if Austin, TX, officeholder living expense
		Rent for officeholder's Austin apartment
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Gables Republic Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,632.99	401 Guadalupe Street
		Austin, TX 78701
	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
		Rent for officeholder's Austin apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/05/2025	Gables Republic Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,590.43	401 Guadalupe Street
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Rent for officeholder's Austin apartment
	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 Legal Services 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: 41/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344	
4	Date	5 Payee name	
	06/04/2025	Gables Republic Square	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,693.45	401 Guadalupe Street	
		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.  Check if Austin, TX, officeholder living expense	
		Rent for officeholder's Austin apartment	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H · · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	02/10/2025	Genesis Women's Shelter	
	Amount (\$)	Payee address; City; State; Zip Code	$\neg$
	\$100.00	2023 Lucas Dr	
		Dallas, TX 75219	
	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 Membership	
		,aa	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
_	Date	Payee name	=
	06/04/2025	Gittings Photography Dallas	
	Amount (\$) \$433.00	Payee address; City; State; Zip Code  1645 N Stemmons Freeway	
	φ433.00	·	
		Ste D	
		Dallas, TX 75207	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Invoice for campaign photo	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 42/86 Rpt:	Meyer, Morgan D. (The Honorable)  00069344
4	Date	5 Payee name
	01/02/2025	Google Suite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.08	1600 Ampitheatre Parkway
		Mountain View, CA 94043
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.  Check if Austin, TX, officeholder living expense
		Online office support software for campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/03/2025	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.08	
	ψυσ.υυ	1600 Ampitheatre Parkway
		Mountain View, CA 94043
	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 Online office support software for campaign
		Online office support software for earnpaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	03/03/2025	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.08	1600 Ampitheatre Parkway
		Mountain View, CA 94043
	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 Online office support software for campaign
		Crimic office support software for campaign
	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 Commi 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 B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 43/86 Rpt:	Meyer, Morgan D. (The Honorable)  00069344
4 Date	5 Payee name
04/02/2025	Google Suite
6 Amount (\$) \$69.08	7 Payee address; City; State; Zip Code 1600 Ampitheatre Parkway  Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense Online office support software for campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/02/2025	Google Suite
Amount (\$)	Payee address; City; State; Zip Code
\$69.08	1600 Ampitheatre 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
	Online office support software for campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2025	Google Suite
Amount (\$)	Payee address; City; State; Zip Code
\$69.08	1600 Ampitheatre 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
	Online office support software for campaign
	The state of the s
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 Committee

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

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

mbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	١
	Sch: 44/86 Rpt:	Meyer, Morgan D. (The Honorable)    Children   Children	,
4	Date	5 Payee name	
	01/09/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$249.06	2400 S. Congress Ave.	
		Austin, TX 78704	
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	
		Supplies for Capitol office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	01/10/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.03	2400 S. Congress Ave.	
		Austin, TX 78704	
	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	
		Supplies for Capitol office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	02/14/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.09	1801 E. 51st St.	
		Austin, TX 78723	
	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	
		Supplies for Capitol office	
		Supplies for Supilor office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	

#### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lead Services 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: 45/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	02/28/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.83	5800 W Slaughter Ln
		Austin, TX 78749
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/19/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.76	5800 W Slaughter Ln
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LABITORE	Check if Austin, TX, officeholder living expense
		Supplies for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/24/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.45	12021 US-290
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Austin, TX 78737
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies for Capitol office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 46/86 Rpt:	2 FILER NAME Meyer, Morgan D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069344			
4	Date 05/20/2025	5 Payee name HEB				
6	Amount (\$) \$85.83	7 Payee address; City; State; Zip Code 12021 US-290  Austin, TX 78737				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Capitol office			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	Office held			
	Date 05/29/2025	Payee name HEB				
	Amount (\$) \$17.22	Payee address; City; State; Zip Code 5800 W Slaughter Ln  Austin, TX 78749				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Capitol office			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Office held			
	Date 06/02/2025	Payee name HEB				
	Amount (\$) \$104.27	Payee address; City; State; Zip Code 5800 W Slaughter Ln				
		Austin, TX 78749				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Capitol office			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Office held			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 47/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	02/05/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$156.03	1801 E. 51st St.
		Austin, TX 78723
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 Supplies for Capitol office
		Supplies for Capitor office
_	Complete ONU V & direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.33	1801 E. 51st St.
		Austin, TX 78723
	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 Supplies for Capitol office
		Supplies for Capitor office
	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
	03/10/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.41	1801 E. 51st St.
		Austin, TX 78723
	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
		Supplies for Capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	•

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 48/86 Rpt:	2 FILER NAME Meyer, Morgan D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069344				
4	Date 03/17/2025	5 Payee name HEB	_			
6	Amount (\$) \$32.80	7 Payee address; City; State; Zip Code 1801 E. 51st St.  Austin, TX 78723				
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  Supplies for Capitol office				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_			
	Date 03/24/2025	Payee name HEB				
	Amount (\$) \$40.32	Payee address; City; State; Zip Code  1801 E. 51st St.  Austin, TX 78723				
	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  Supplies for Capitol office	_			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date 03/31/2025	Payee name HEB				
	Amount (\$) \$29.71	Payee address; City; State; Zip Code 1801 E. 51st St.				
		Austin, TX 78723				
	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 Supplies for Capitol office				
	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

	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: 49/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344			
4	Date	5 Payee name			
	04/07/2025	HEB			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$45.86	1801 E. 51st St.			
		Austin, TX 78723			
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			
		Supplies for Capitol office			
		Саррисс и Сарис сто			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
Г	Date	Payee name			
	04/11/2025	HEB			
Г	Amount (\$)	Payee address; City; State; Zip Code			
	\$28.91	1801 E. 51st St.			
		Austin, TX 78723			
	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  Supplies for Capitol office			
		Саррисс и Сарке синсс			
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI				
F	Date	Payee name			
	04/21/2025	HEB			
Н	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.58	1801 E. 51st St.			
		Austin, TX 78723			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	LAI LINDITORE	Check if Austin, TX, officeholder living expense			
		Supplies for Capitol office			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
1	expenditure to benefit C/OI				
$\vdash$					
I					

### 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 co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
Sch: 50/86 Rpt:	Meyer, Morgan D. (The Honorable)		00069344	
4 Date	5 Payee name			
04/22/2025	HEB			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$139.57	5808 Burnet Rd			
	Austin, TX 78756			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel o	outside of Texas. Complete Schedule T.	
LAI LINDITORE			TX, officeholder living expense	
		Supplies for C	Japitoi onice	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht.	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		igrit	Office field	
Dete				
Date	Payee name			
04/28/2025	HEB			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$39.06	2400 S. Congress Ave			
	Austin, TX 78704			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T. TX, officeholder living expense	
		Supplies for C		
			•	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held	
expenditure to benefit C/C	Н			
Date	Payee name			
05/12/2025	HEB			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$54.16	7301 N FM 620			
	Austin, TX 78726			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T.	
EXPENDITURE			TX, officeholder living expense	
		Supplies for C	Capitol office	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ıght	Office held	
experientare to benefit C/C				

### 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: Sch: 51/86 Rpt:	2 FILER NAME Meyer, Morgan D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069344				
4	Date 05/13/2025	5 Payee name HEB				
6	Amount (\$) \$48.24	7 Payee address; City; State; Zip Code 1801 E. 51st St.  Austin, TX 78723				
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  Supplies for Capitol office				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
	Date 05/19/2025	Payee name HEB				
	Amount (\$) \$3.19	Payee address; City; State; Zip Code  1801 E. 51st St.  Austin, TX 78723				
	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  Supplies for Capitol office				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date 05/27/2025	Payee name HEB				
	Amount (\$) \$94.33	Payee address; City; State; Zip Code 2400 S. Congress Ave				
		Austin, TX 78704				
	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  Supplies for Capitol office				
	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

	Credit Card Payment	Legal Services Salanes/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: 52/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344					
4	Date	5 Payee name					
	06/24/2025	HEB					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$26.88	1801 E. 51st St.					
		Austin, TX 78723					
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.  Check if Austin, TX, officeholder living expense					
		Supplies for Capitol office					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
	Date	Payee name					
	03/10/2025	Hattie B's					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$61.63	2529 S Lamar Blvd					
		Austin, TX 78704					
	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 Office Lunch for Capitol staff					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1					
	Date	Payee name					
	06/05/2025	Home Depot					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$32.06	1200 Barbara Jordan Blvd					
		Austin, TX 78723					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Supplies for Capitol office					
		Supplies for Capitol Office					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Ol						

### 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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:		-	
	Sch: 53/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344		
4	Date	5 Payee name	_	
	03/31/2025	Hyatt House Austin/Downtown		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$48.71	901 Neches St		
		Austin, TX 78701		
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		
		overnight parking for staff while in Austin		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
	expenditure to benefit C/O	1		
F	Date	Payee name	=	
	04/25/2025	Hyatt House Austin/Downtown		
H	Amount (\$)	Payee address; City; State; Zip Code	_	
	\$48.71	901 Neches St		
		Austin, TX 78701		
	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  overnight parking for staff while in Austin		
		overnight parking for stair while invasair		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-	
	expenditure to benefit C/OI	1		
	Date	Payee name	-	
	05/19/2025	Hyatt House Austin/Downtown		
	Amount (\$)	Payee address; City; State; Zip Code	_	
	\$97.42	901 Neches St		
		Austin, TX 78701		
	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 overnight parking for staff while in Austin		
		overnight parking for stair while invasair		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·		
$\vdash$			_	

### 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/Political Credit Card Payment		al Committee Legal Services Salaries/Wages/Contract Labor		e se s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)			·		
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1: Sch: 54/86 Rpt:	1	E rgan D. (The Honor	rable)			3	Filer ID 00069344	(Ethics Commis	sion Filers)
4	Date	5 Payee name	<u> </u>				<u> </u>			
	01/08/2025	Jimmy Joh								
6	Amount (\$)	<b>7</b> Payee addre		State; Zij	n Code					
ľ	\$43.42	515 Congr	•	State, Zij	o Couc					
	Ψ-32	Suite 1200								
Ļ		Austin, TX			1					
8	PURPOSE OF		See Categories listed at the to	op of this schedule)	) (b)	Description	otoi	ide of Toyloo Co	malata Cabadula T	
	EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Co , officeholder livii	mplete Schedule T.	
						Office Lunch				
								'		
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office	sought			Office h	neld	
	Date	Payee name	<del></del>							
	01/29/2025	Jimmy Joh								
	Amount (\$)	Payee addre	ess; City;	State; Zij	o Code					
	\$16.34	515 Congr	•	, ,						
	, —	Suite 1200								
		Austin, TX								
	BUBBOOF				10-1					
	PURPOSE OF		See Categories listed at the to	op of this schedule)	) (D)	Description  Check if travel	outsi	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE	F000/Beve	erage Expense					, officeholder livi		
						Office Lunch	for	Capitol sta	ff	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office	sought			Office h	neld	
	Date	Payee name								
	01/29/2025	Jimmy Joh								
	Amount (\$)	Payee addre	ess; City;	State; Zij	o Code					
	\$31.50	515 Congr		, ,						
		Suite 1200								
		Austin, TX								
					1					
	PURPOSE OF		See Categories listed at the to	op of this schedule)	) (b)	Description  Check if travel	outei	ide of Tevas Co	mplete Schedule T.	
	EXPENDITURE	F000/Beve	rage Expense					, officeholder livi		
						Office Lunch				
	Complete ONLY if direct		ficeholder name	Office	e sought			Office I	neld	
	expenditure to benefit C/OH	4								

### 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

	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: 55/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	05/07/2025	Jimmy Johns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.34	515 Congress Ave.
		Suite 1200
		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 Office Lunch for Capitol staff
		Cince Eurori for Suprior stan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	01/27/2025	Jotform
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.61	1750 Montgomery Street
		San Francisco, CA 94111
	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
		Contribution form fees for campaign website
		Contribution form feed for campaign website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/27/2025	Jotform
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.61	1750 Montgomery Street
		San Francisco, CA 94111
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Contribution form fees for campaign website
	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 56/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344				
4	Date	5 Payee name				
	03/27/2025	Jotform				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$10.61	1750 Montgomery Street				
		San Francisco, CA 94111				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Contribution form fees for campaign website				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	04/28/2025	Jotform				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.61	1750 Montgomery Street				
		San Francisco, CA 94111				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Contribution form fees for campaign websit					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI					
	Date	Payee name				
	05/27/2025	Jotform				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.61	1750 Montgomery Street				
		San Francisco, CA 94111				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Contribution form fees for campaign website				
		Continuation form fees for campaign website				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 com	plete this form.
1	Total pages Schedule F1: Sch: 57/86 Rpt:	FILER NAME     Meyer, Morgan D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069344
4	Date 06/27/2025	5 Payee name Jotform	·
6	Amount (\$) \$10.61	7 Payee address; City; State; Zip Code 1750 Montgomery Street	e
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94111  (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution form fees for campaign website
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
	Date 02/05/2025	Payee name LAZ Parking	
	Amount (\$) \$25.75	Payee address; City; State; Zip Code 101 W 6th St #515 Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	D) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking for campaign staff while in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
	Date 01/16/2025 Amount (\$)	Payee name  Marquess, Ryan  Payee address; City; State; Zip Code	
	\$750.00	1506 Ridgemont Drive	
		Austin, TX 78723	
	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 Schedule T.  Check if Austin, TX, officeholder living expense  Contract labor for campaign services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 58/86 Rpt:	Meyer, Morgan D. (The Honorable)  00069344
4	Date	5 Payee name
	04/25/2025	Marquess, Ryan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	1506 Ridgemont Drive
		Austin, TX 78723
8	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  Contract labor for campaign services
		Contract labor for campaign services
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	· 	
	Date	Payee name
L	06/23/2025	Night & Day Moving
	Amount (\$)	Payee address; City; State; Zip Code
	\$525.00	211 Alta Vista Dr
		Bastrop, TX 78602
	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
		Moving expense for officeholder's apartment in
		Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	03/20/2025	North Dallas Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	5710 Lyndon B Johnson Fwy
		#100
		Dallas, TX 75230
	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
		Ticket for one staff member to event in district
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OF	•

## 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

	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: 59/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	05/20/2025	North Dallas Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	5710 Lyndon B Johnson Fwy
		#100
		Dallas, TX 75230
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  Ticket for one staff member to event in district
		Ficket for the stan member to event in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/05/2025	North Dallas Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	5710 Lyndon B Johnson Fwy
		#100
		Dallas, TX 75230
	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 Membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/13/2025	North Texas Crime Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 601723
		Dallas, TX 75360
	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
		Ticket for one staff member to event in district
_	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

	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: 60/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	03/17/2025	North Texas Crime Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	P.O. Box 601723
		Dallas, TX 75360
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
		Ticket for one staff member to event in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/14/2025	One Taco
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.13	402 Brazos St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Lunch for Capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Davida nama
	01/23/2025	Payee name Open Phone
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 149 New Montgomery Street
	Ψ10.00	143 New Monigornery Street
		San Francisco, CA 94105
	DUDDOCE	<u></u>
	PURPOSE 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
		Campaign phone subscription
	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)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 61/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	02/24/2025	Open Phone
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	149 New Montgomery Street
		San Francisco, CA 94105
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.  Check if Austin, TX, officeholder living expense
		Campaign phone subscription
		Campaign priorie subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/24/2025	Open Phone
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	149 New Montgomery Street
		San Francisco, CA 94105
	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
		Campaign phone subscription
		Sampaign prioric subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/23/2025	Open Phone
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	149 New Montgomery Street
		San Francisco, CA 94105
	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.
	-	Campaign phone subscription
		Campaign phone subscription
_	Complete ONLY if alice at	Candidate/Officeholder name Office sought
	Complete <u>ONLY</u> 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

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 62/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4 Date	5 Payee name
05/23/2025	Open Phone
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.66	149 New Montgomery Street
	San Francisco, CA 94105
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.  Check if Austin, TX, officeholder living expense
	Campaign phone subscription
	Campaign phone subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	The state of the s
Date	Payee name
06/23/2025	Open Phone
Amount (\$)	Payee address; City; State; Zip Code
\$15.18	149 New Montgomery Street
	San Francisco, CA 94105
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
	Campaign phone subscription
	Campaign phone subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
04/11/2025	PDF Filler
Amount (\$)	Payee address; City; State; Zip Code
\$1.50	17 Station Street
	Brookline, MA 02445
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Online office support software for campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief cross	

## 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	plete this form.
1	Total pages Schedule F1: Sch: 63/86 Rpt:	FILER NAME     Meyer, Morgan D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069344
4	Date 05/12/2025	5 Payee name PDF Filler	I
6	Amount (\$) \$115.20	7 Payee address; City; State; Zip Code 17 Station Street  Brookline, MA 02445	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online office support software for campaign
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date 02/18/2025	Payee name Phoebe's Diner	
	Amount (\$) \$105.79	Payee address; City; State; Zip Code 408 W 11th St.  Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Lunch for Capitol staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	office held
	Date 01/23/2025	Payee name Phoebe's Diner	
	Amount (\$) \$94.86	Payee address; City; State; Zip Code 408 W 11th St	3
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Lunch for Capitol staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		
1	Total pages Schedule F1: Sch: 64/86 Rpt:	2 FILER NAME Meyer, Morgan D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069344	
Ļ	<del>-</del>		
4	Date	5 Payee name	
	02/19/2025	Polido, Clarissa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	1141 South Ridge Dr.	
		ů	
		M. Harbina TV 75005	
		Midlothian, TX 75065	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LAI LINDITORL	Check if Austin, TX, officeholder living expense	
		Contract labor for campaign services	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
H	Date	Payee name	
	04/23/2025	Preston West Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.00	4407 Hallmark Dr	
		Dallas, TX 75229	
	PURPOSE	1	
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense	
		Ticket for one staff member to event in district	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI	• · · · · · · · · · · · · · · · · · · ·	
	•		
	Date	Payee name	
	04/04/2025	Rent a Horn Valet	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.00	1201 S Lamar Blvd	
	22		
		Austin TV 70704	
		Austin, TX 78704	
	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.	
	<b></b>	Check if Austin, TX, officeholder living expense	
		Parking for Capitol staff at event in Austin	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experialitate to betterit orott		

### SCHEDULE F1

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

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

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

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

Candidate/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: 65/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4 Date	5 Payee name
01/15/2025	Robinson, Shelby
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PSC 41 Box 92
	APO, AE 09564
8 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  Contract labor for campaign services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/18/2025	Robinson, Shelby
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code PSC 41 Box 92
	APO, AE 09564
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  Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/17/2025	Robinson, Shelby
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PSC 41 Box 92
	APO, AE 09564
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 Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 66/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	04/14/2025	Robinson, Shelby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	PSC 41 Box 92
		APO, AE 09564
8	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.
		Contract labor for campaign services
		Sometimes for campaign connect
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/15/2025	Robinson, Shelby
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PSC 41 Box 92
		APO, AE 09564
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/16/2025	Robinson, Shelby
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	PSC 41 Box 92
		APO, AE 09564
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor for campaign services
		Contract labor for campaign services
_	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 Comm

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 67/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	03/13/2025	Rosen's Bagels
6	Amount (\$) \$69.07	7 Payee address; City; State; Zip Code 422 W 5th St C  Austin, TX 78701
8	DUDDOSE	
0	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  Office Breakfast for Capitol staff
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	04/24/2025	Rosen's Bagels
	Amount (\$) \$51.50	Payee address; City; State; Zip Code 422 W 5th St C, Austin, TX 78701 C 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  Office Breakfast for Capitol staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2025	Royal Blue Grocery
	Amount (\$) \$9.47	Payee address; City; State; Zip Code 241 W. 3rd St.
		Austin, TX 78701
	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  Supplies for Capitol office
	Complete ONLY if direct expenditure to benefit C/Oh	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 68/86 Rpt:	Meyer, Morgan D. (The Honorable)  00069344
4	Date	5 Payee name
	02/18/2025	Sinclair, Andrew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	8519 Cahill Drive
		Apt. 505 Austin, TX 78729
8	PURPOSE	1
ľ	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2025	Sinclair, Andrew
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	8519 Cahill Drive
		Apt. 505
		Austin, TX 78729
	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  Contract labor for campaign services
		Contract labor for campaign services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2025	Sinclair, Andrew
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	8519 Cahill Drive
		Apt. 505
		Austin, TX 78729
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor for compaging convices
		Contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 69/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	04/17/2025	Sinclair, Andrew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	8519 Cahill Drive
		Apt. 505
		Austin, TX 78729
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor for compaging continue
		Contract labor for campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<b>—</b>	Date	Payee name
	02/25/2025	Snarf's Sandwiches
_	Amount (\$)	Payee address; City; State; Zip Code
	\$129.17	2901 Medical Arts St
	Φ129.17	2901 Medical Arts St
		Austin, TX 78705
	PURPOSE	
	OF	(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.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Lunch for Capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/27/2025	Snarf's Sandwiches
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.10	2901 Medical Arts St
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Lunch for Capitol staff
	Commission ONU Wife allows	Constitute / Office helder name
	Complete <u>ONLY</u> 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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	04/11/2025	Sonic Drive In
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.00	2632 S Lamar Blvd
		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 Office Lunch for Capitol staff
		Office Eurich for Capitor staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payso nama
	02/10/2025	Payee name Starbucks
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.72	1509 South Lamar Blvd, Suite 100
		Austin, TX 78704
	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
		Drinks for Capitol staff
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	03/28/2025	Statesman Cap 10K
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.88	305 S Congress Ave
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11/2/10/12	Candidate/Officeholder/Political Committee
		Donation to organization
$\vdash$	Complete ONLY if divert	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
lacksquare		
L		

## 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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 71/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	06/30/2025	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$694.43	510 Townsend St
		San Francisco, CA 94103
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
		Merchant service fees for online contributions
		January 1 - June 30
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	02/14/2025	Sweetwaters Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.82	316 W 12th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Drinks for Capitol staff
		Silling to Capitol Stan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	04/07/2025	Sweetwaters Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.03	316 W 12th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Drinks for Capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

## SCHEDULE F1

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

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

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

	Candidate/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: 72/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	05/05/2025	Sweetwaters Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.27	316 W 12th St
		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  Drinks for Capitol staff
		Diffico for Supitor stair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name
	06/03/2025	Sweetwaters Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.06	316 W 12th St
		Austin, TX 78701
	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
		Drinks for Capitol staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/21/2025	THE LAW OFFICES OF KEVIN C. STEWART, PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$625.00	6801 Yaupon Drive
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Campaign finance and ethics consulting
		Campaign infance and ethics consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

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

	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: 73/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	04/21/2025	THE LAW OFFICES OF KEVIN C. STEWART, PLLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$625.00	6801 Yaupon Drive
		Austin, TX 78759
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Campaign finance and ethics consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/15/2025	Taco Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.44	301 Congress Ave.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Lunch for Capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/13/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.38	901 E. 5th St Ste 140
		Austin, TX 78702
	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 Supplies for Capitol office
		Supplies for Capitor office
$\vdash$	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 Com

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

	Candidate/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: 74/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	04/07/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.45	901 E 5th St.
		Ste 140
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Supplies for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H The state of the
	Date	Payee name
	06/09/2025	Taverna
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.24	258 W 2nd St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Lunch for Capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H .
	Date	Payee name
	02/03/2025	Tax1099.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.78	1 East Center Street #250
		Fayetteville, AR 72701
	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 Online office support software for campaign
		Offillie Office Support Software for Campaign
	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: 75/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	03/04/2025	Texas Republican Legislative Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 13305
		Austin, TX 78711
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  THRC annuel dues
		Trine diffider dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Date	Payee name
	05/21/2025	Tiff's Treats
┝		
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.49	1806 Nueces St, Austin, TX 78701
		Austin, TX 78701
	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 Office Lunch for Capitol staff
		Office Eurich for Capitor staff
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Davies name
	01/09/2025	Payee name Torchy's Tacos
L		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.67	110 San Antonio Street Unit 120
		Austin, TX 78701
	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
		Office Breakfast for Capitol staff
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1 Total pages Schedule F1: Sch: 76/86 Rpt:	2 FILER NAME Meyer, Morgan D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069344
4 Date 05/27/2025	5 Payee name Torchys Tacos	
6 Amount (\$) \$71.05	7 Payee address; City; State; Zip Code 110 San Antonio St Unit #120 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	Check if A	n avel outside of Texas. Complete Schedule T. .ustin, TX, officeholder living expense nch for Capitol staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
Date 04/08/2025	Payee name Turtle Creek Conservancy	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3300 Oak Lawn Ave #604 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	Check if A	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense for staff to an event in District
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
Date 01/13/2025	Payee name USPS	
Amount (\$) \$10.14	Payee address; City; State; Zip Code 2825 Oak Lawn Ave	
	Dallas, TX 75219	
PURPOSE OF EXPENDITURE	Check if A	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense campaign materials
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held

## 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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 77/86 Rpt:	2 FILER NAME Meyer, Morgan D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069344
4	Date 02/05/2025	5 Payee name Uber
6	Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 1457 Market St. Ste 400 San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Uber for campaign staff while in Austin
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/05/2025	Payee name Uber
	Amount (\$) \$5.54	Payee address; City; State; Zip Code  1457 Market St.  Ste 400  San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Uber for campaign staff while in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/05/2025	Payee name Uber
	Amount (\$) \$15.96	Payee address; City; State; Zip Code 1457 Market St. Ste 400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Uber for campaign staff while in Austin
	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 Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 78/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	02/05/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.97	1457 Market St.
		Ste 400
		San Francisco, CA 94103
8	PURPOSE	Tax.
°	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Uber for campaign staff while in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	ı
	Date	Payee name
	02/06/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.97	1457 Market St.
		Ste 400
		San Francisco, CA 94103
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Uber for campaign staff while in Austin
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	l .
	Date	Payee name
	02/10/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	1457 Market St.
		Ste 400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Uber for campaign staff while in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	i e e e e e e e e e e e e e e e e e e e

## SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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: 79/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	03/28/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.66	1457 Market St.
		Ste 400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Uber for campaign staff while in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/28/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.94	1457 Market St.
		Ste 400
		San Francisco, CA 94103
	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  Uber for campaign staff while in Austin
		Ober for earnpaight stain while in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/14/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	1457 Market St.
		Ste 400
		San Francisco, CA 94103
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Uber for campaign staff while in Austin
_	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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 80/86 Rpt:	Meyer, Morgan D. (The Honorable)	
4	Date	5 Payee name	
	05/15/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1.00	1457 Market St.	
		Ste 400	
		San Francisco, CA 94103	
_	DUDD005		_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Uber for campaign staff while in Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	H Total Control of the Control of th	
	Date	Payee name	
	05/15/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.36	1457 Market St.	
		Ste 400	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Uber for campaign staff while in Austin	
		Soon for sampaign stain mine in research	
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	05/16/2025	Uber	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	_
	\$7.92	1457 Market St.	
	Ψ1.32		
		Ste 400	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Uber for campaign staff while in Austin	
		Ober for campaign stail write in Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_
			ĺ

### 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	
1	Total names Schodule F1:	
_	Total pages Schedule F1: Sch: 81/86 Rpt:	Meyer, Morgan D. (The Honorable)
Ļ	·	
4	Date	5 Payee name
	05/19/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.59	1457 Market St.
		Ste 400
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Uber for campaign staff while in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	05/19/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.99	1457 Market St.
	Ψ1.55	
		Ste 400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Uber for campaign staff while in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/07/2025	Wat, Nicholas
_	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$750.00	2829 Reunion Blvd
		Austin, TX 78737
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign services
L		
	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 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

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: 82/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4 Date	5 Payee name
04/24/2025	Wat, Nicholas
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 2829 Reunion Blvd
	Austin, TX 78737
B 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  Contract labor for campaign services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/12/2025	Which Wich
Amount (\$) \$8.66	Payee address; City; State; Zip Code 247 W 3rd St
	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 Office Lunch for Capitol staff
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/29/2025	William Paul Floral Design
Amount (\$) \$209.50	Payee address; City; State; Zip Code 1403 Lavaca St
	Austin, TX 78701
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 Sympathy/funeral flowers for campaign staff
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

## SCHEDULE F1

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

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

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

	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: 83/86 Rpt:	Meyer, Morgan D. (The Honorable) 00069344
4	Date	5 Payee name
	05/22/2025	X Corp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.56	865 FM-1209
		Bastrop, TX 78602
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign X subscription
		Campaign X Casconpton
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/24/2025	Youtube TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.01	901 Cherry Ave
		San Bruno, CA 94066
	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
		YouTube TV service charge for officeholder's
		apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	02/24/2025	Youtube TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.01	901 Cherry Ave
		San Bruno, CA 94066
	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.
		\times \text{\text{Check if Austin, TX, officeholder living expense}} \text{YouTube TV service charge for officeholder's}
		apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 84/86 Rpt:	Meyer, Morgan D. (The Honorable)	00069344
4	Date	5 Payee name	
	03/24/2025	Youtube TV	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$79.01	901 Cherry Ave	
		San Bruno, CA 94066	
8	PURPOSE		
Ü	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice overneda/Nental Expense	, TX, officeholder living expense
			service charge for officeholder's
		apartment	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	04/24/2025	Youtube TV	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$79.01	901 Cherry Ave	
		San Bruno, CA 94066	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE		, TX, officeholder living expense
		apartment	service charge for officeholder's
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
	Date		
	Date 01/02/2025	Payee name	
		Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.05	55 Almaden Blvd	
		Floor 6	
		San Jose, CA 95113	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overnead/Nerital Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Campaign Zo	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sa		ages	/Contract Labor		OTHER (enter a	a category not listed above)	
		_		The Instruction G	uide explains now	to com	пріє	ete tnis form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission F	ilers)
	Sch: 85/86 Rpt:		Meyer, Morg	gan D. (The Ho	norable)					00069344		
4	Date	5	Payee name									
	02/03/2025		Zoom									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	in Cod	le					
	\$17.05		55 Almaden			,						
	Ψ=σσ		Floor 6	2.10								
		L	San Jose, C	.A 95113								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this schedule	) (	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Ex	pense			<b>=</b>			nplete Schedule T.	
								Campaign Zo		officeholder livin	g expense	
								Campaign 20	JUII	raccount		
_	0 1: 0 1: 0	L_	- " - ' - ' - ' - '		0"					O.C. 1		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offic	e soug	Iht			Office h	eld	
	Date		Payee name									
	03/03/2025		Zoom									
	Amount (\$)		Payee addres	ss; City;	State; Zi	ip Cod	le					
	\$17.05		55 Almaden	Blvd								
			Floor 6									
			San Jose, C	A 95113								
	PURPOSE	(a)				. 1	(h)	Description				
	OF	(۳)		e Categories listed at t nead/Rental Ex			(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Over	ieau/Neiliai LX	perise			<b>=</b>		officeholder livin		
								Campaign Zo	om	n account		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/01/2025		Zoom									
	Amount (\$)		Payee addres	ss; City;	State; Zi	in Cod	le.					
	\$17.05		55 Almaden	-	- Ctato, =	.p 000						
	Ψ11.00		Floor 6	2.174								
			San Jose, C	A 95113								
	PURPOSE OF	(a)		e Categories listed at t		e) (	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Ex	pense			ш		officeholder livin	nplete Schedule T.	
								Campaign Zo			g expense	
								Jan. pargri 20	. 511	. 20000111		
_	Complete ONLY if direct	Щ	Candidate/Offic	reholder name	Offic	e soug	ıht			Office h	eld	
	expenditure to benefit C/O		Januluale/Offic	Scholder Hairie	Onic	c souy	j1 IL			Onice II	Ciu	

## 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 Lenal 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	,
1 Total pages Schedule F1: Sch: 86/86 Rpt:	2 FILER NAME Meyer, Morgan D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069344
4 Date 05/01/2025	5 Payee name Zoom	
6 Amount (\$) \$17.05	7 Payee address; City; State; Zip Code 55 Almaden Blvd Floor 6 San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online office support software for campaign
9 Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought DH	Office held
Date 06/02/2025	Payee name Zoom	
Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd Floor 6 San Jose, CA 95113	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Zoom account
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought OH	Office held

## 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

	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: 1/50 Rpt:	Meyer, Morgan D. (	00069344						
4 CREDIT CARD ISSUER		ncial institution an Chase	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	<b> \$</b>				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$10.27	02/02/2025	02/09/2025					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	Arby's		110 North Head St					
			Belton, TX 76513					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Food/Beverage Exper		Food and beverage wn	ile traveling for officeholder duties				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		-						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$8.41	06/20/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Arby's		110 North Head St					
			Belton, TX 76513					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage while traveling for officeholder duties					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$246.63	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card Iss 02/09/2025	uer Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	ATX Cocina		110 San Antonio Suite	170				
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	*	_	meeting to discuss officeholder				
X Political	. Sourbeverage Expen		issues					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
I		·						

## 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

		The Inst	ruction Guide explains how	to complete this for	m.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 2/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	RES	\$			
6	PAYMENT	(a) Amount Charged \$5.54	(b) Date of Charge 05/16/2025	(c) Date(s) Credii 06/09/2025	t Card Issuer	Paid			
7	PAYEE	(a) Payee name  Aus - East Market		(b) Payee addres 5812 Trade Ce Austin, TX 787	enter Dr Ste	City, State, Zip Code 200			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beve	erage while	traveling for officeholder duties			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX,	officeholder living expense			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$4.43	(b) Date of Charge 04/11/2025	(c) Date(s) Credit 05/09/2025	t Card Issuer	Paid			
	PAYEE	(a) Payee name  Aus - West Market		(b) Payee addres 5812 Trade Ce Austin, TX 787	enter Dr. Su	City, State, Zip Code ite 200			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Description Food and beverage while traveling for officeholder duties					
	Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.	<u></u>					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$5.29	(b) Date of Charge 02/27/2025	(c) Date(s) Credii 03/09/2025	t Card Issuer	<sup>r</sup> Paid			
	PAYEE	(a) Payee name  Aus- West Market		(b) Payee addres 5812 Trade Ce Austin, TX 787	enter Dr Sui	City, State, Zip Code te 200			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description Food and beverage for office holder while traveling to Austi					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		eck if Austin, TX,	officeholder living expense			
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
ĺ									

## 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

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 3/50 Rpt:	Meyer, Morgan D. (	The Honorable)		00069344				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$37.72	06/12/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Austin Airport		7800 Airport Blvd					
			Houstin, TX 77061					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description					
	Food/Beverage Exper		Food and beverage while	traveling for officeholder duties				
X Political								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	(a) A managed Observation	(b) Data of Observe	(-) P-+-(-) On- 4'+ O	. Decid				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Pald				
	\$3.99 	06/25/2025						
PAYEE	(a) Payee name (b) Payee address;			City, State, Zip Code				
	Austin Book People		5812 Trade Center Dr					
			Austin, TX 78744					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper		Food and beverage while traveling for officeholder duties					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$12.29	(b) Date of Charge 06/03/2025	(c) Date(s) Credit Card Issuer 06/09/2025	<sup>r</sup> Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			165 State Highway 77					
	Bucee's							
			Hillsboro, TX 76645					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description					
EXPENDITURE	Food/Beverage Exper	·	Food and beverage while	traveling for officeholder duties				
X Political	J. P.							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

## 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

2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filoro)			
	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Meyer, Morgan D. (The Honorable)				00069344					
		EXPEND	ITURES	\$					
(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid					
\$51.30	03/30/2025	04/09/202	5						
(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
Cantina Laredo		8008 Herb	Kelleher way						
· , · ,	of this schedule)	` ' .							
		Food and	beverage while	traveling for off	iceholde	r duties			
(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
Candidate/Officeholder	name Office	sought		Office held					
(a) Amount Charged \$4.63	(b) Date of Charge 01/16/2025			· Paid					
(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
Cefco Convenience	e Stores and								
(a) Catagoni									
(See Categories listed at the top		Food and beverage while traveling for officeholder duties							
		<u> </u>							
\'\'\'\'\	<u> </u>		Check if Austin, TX,	• •					
(a) Amount Charged \$56.87	(b) Date of Charge 04/19/2025			· Paid					
(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
Chick Fil A		1595   35	N Frontage Rd						
		Bellmead,	TX 76705						
PURPOSE OF (a) Category			(b) Description						
	*	Food and	beverage while	traveling for off	iceholde	r duties			
2 2 3 2 2 3 Cago = Apor									
(c) Check if travel outside (	<u> </u>		Check if Austin, TX,	officeholder living expe	ense				
Candidate/Officeholder	name Öffice	esought		Office held					
	Name of finar see pi  (a) Amount Charged \$51.30  (a) Payee name Cantina Laredo  (a) Category (See Categories listed at the top Food/Beverage Expel  (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$4.63  (a) Payee name Cefco Convenience  (a) Category (See Categories listed at the top Food/Beverage Expel  (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$56.87  (a) Payee name Chick Fil A  (a) Category (See Categories listed at the top Food/Beverage Expel  Chick Fil A	Name of financial institution see previous  (a) Amount Charged \$51.30 (b) Date of Charge \$51.30 (a) Payee name Cantina Laredo  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office  (a) Amount Charged (b) Date of Charge \$4.63 (0) Date of Charge \$4.63 (0) Date of Charge \$4.63 (a) Payee name Cefco Convenience Stores and  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office  (a) Amount Charged (b) Date of Charge \$56.87 (04/19/2025)  (a) Payee name Chick Fil A  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Charge \$56.87 (b) Date of Charge \$56.87 (c) Date of Charge	Name of financial institution see previous  (a) Amount Charged \$51.30  (b) Date of Charge CARD  (c) Payee name Cantina Laredo  Dallas, TX  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Payee and Italian Complete Schedule T.  Candidate/Officeholder name  Cefco Convenience Stores and  (b) Payee and Italian N It	Name of financial institution see previous  (a) Amount Charged \$51.30  (b) Date of Charge O3/30/2025  (c) Date(s) Credit Card Issuer O4/09/2025  (d) Payee name Cantina Laredo  (e) Payee address; 3008 Herb Kelleher way Dallas, TX 75235  (b) Description Food and beverage while  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Cefco Convenience Stores and  (a) Category (see Categories listed at the top of this schedule) Toda Amount Charged Cefco Convenience Stores and  (b) Payee address; 11810 N IH 35  Darrell, TX 76537  (c) Description Food and beverage while  (d) Payee address; 11810 N IH 35  Darrell, TX 76537  (e) Description Food and beverage while  Cefco Convenience Stores and Cefco Cefco Cefeck if Austin. TX. Cefco Ceteck if Austin. TX. Cefco Ceteck if Austin. TX. Cefco Cefco Cefco Cefco Cefec In Austin.	Name of financial institution see previous    S	Name of financial institution see previous    S			

### 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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
Sch: 5/50 Rpt:	Meyer, Morgan D. (	The Honorable)		00069344					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$67.62	(b) Date of Charge 04/13/2025	(c) Date(s) Credit Card Issue 05/09/2025	r Paid					
7 PAYEE	(a) Payee name Chili's Grill & Bar		(b) Payee address; 8008 Herb Kelleher Way Dallas, TX 75235	City, State, Zip Code					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	·	(b) Description	traveling for officeholder duties					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought				Office held					
PAYMENT	(a) Amount Charged \$16.24	(b) Date of Charge 01/23/2025	(c) Date(s) Credit Card Issue 02/09/2025	r Paid					
PAYEE	(a) Payee name  Departure Lounge		(b) Payee address; 3600 Presidential Blvd Austin, TX 78719	City, State, Zip Code					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	·	(b) Description Food and beverage for officeholder while in Austin						
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$27.59	(b) Date of Charge 06/03/2025	(c) Date(s) Credit Card Issue 06/09/2025	r Paid					
PAYEE	(a) Payee name  DeSano Pizzeria Napoletana		(b) Payee address; 301 Lavaca St Suite 200 Austin, TX 78701	City, State, Zip Code					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of Food/Beverage Exper	,	(b) Description Food and beverage while	traveling for officeholder duties					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense					
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 -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

l	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
l	Sch: 6/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED URES TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$83.09	(b) Date of Charge 01/13/2025	(c) Date(s) Cr 02/09/2025	edit Card Issuer	Paid		
7	PAYEE	(a) Payee name  Hotel Zaza		(b) Payee add	St	City,	State,	Zip Code
Ļ		(a) Oatawari		Austin, TX 7				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and be issues		eeting to discus	ss officeh	older
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$75.48	(b) Date of Charge 02/02/2025	(c) Date(s) Cr 02/09/2025	edit Card Issuer	Paid		
	PAYEE	(a) Payee name  Hotel Zaza		(b) Payee add 400 Lavaca Austin, TX 7	St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Description	n	eeting to discus	ss officeh	older
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$114.75	(b) Date of Charge 02/11/2025	(c) Date(s) Cr 03/09/2025	edit Card Issuer	Paid		
	PAYEE	(a) Payee name  Hotel Zaza		(b) Payee address; 400 Lavaca St Austin, TX 78701		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food and be issues		eeting to discus	ss officeh	nolder
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
ε	Complete ONLY if direct expenditure to benefit C/OH					Office held		

## 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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission File	lers)			
Sch: 7/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$62.05	(b) Date of Charge 02/20/2025	(c) Date(s) Credit Card Issue 03/09/2025	er Paid			
7 PAYEE	(a) Payee name Hotel Zaza		(b) Payee address; 400 Lavaca St	City, State, Zip	Code		
			Austin, TX 78701				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage for o	fficeholder while in Austin			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$62.05	(b) Date of Charge 02/20/2025	(c) Date(s) Credit Card Issue 03/09/2025	er Paid			
PAYEE	Hotel Zaza		(b) Payee address; 100 Lavaca St Austin, TX 78701	City, State, Zip	Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage for officeholder while in Austin				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$67.79	(b) Date of Charge 02/21/2025	(c) Date(s) Credit Card Issue 03/09/2025	er Paid			
PAYEE	(a) Payee name  Hotel Zaza		(b) Payee address; 400 Lavaca St Austin, TX 78701	City, State, Zip	Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description Food and beverage for officeholder while in Austin				
Non-Political  Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	Check if Austin, TX e sought	C, officeholder living expense Office held			
<b> </b>	1						

### 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

		The Insti	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
	Sch: 8/50 Rpt:	Meyer, Morgan D. (	The Honorable)			00069344		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
		\$105.74	03/04/2025	03/09/202	5			
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Hotel Zaza		400 Lavad	a St			
				Austin, TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	X Political	Food/Povorago Evnonco		Food and beverage for meeting to discuss officeholder issues				iolder
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living exp	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held				
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
		\$94.28	03/24/2025	04/09/202	.5			
PAYEE (a) Payee		(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Hotel Zaza		100 Lavad	a St			
				Austin, TX 78701				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description				
	EXPENDITURE	Food/Beverage Exper	•	Food and beverage for meeting to discuss officeholder issues				
	X Political			issues				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
ex	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) ( 05/09/202	Credit Card Issue	r Paid		
		\$65.05	04/15/2025	03/09/202	.5			
Г	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		11-4-17		400 Lavac	a St			
		Hotel Zaza						
				Austin, TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the ton	of this schedule)	(b) Description				
		(See Categories listed at the top of this schedule) Food/Beverage Expense		Food and beverage for officeholder while in Austin			n	
	X Political							
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
e	xpenditure to benefit C/OH							

### 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

	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: 9/50 Rpt:	Meyer, Morgan D. (	The Honorable)		00069344			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 05/09/2025	r Paid			
	\$82.16	04/24/2025	05/09/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Hotel Zaza	400 Lavaca St					
			Austin, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	anting to discuss office holder			
X Political	Food/Beverage Expense issues			neeting to discuss officeholder			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held				
expenditure to benefit C/OH			1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 05/09/2025	r Paid			
	\$60.76	05/06/2025	03/03/2023				
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Hotel Zaza		400 Lavaca St				
			Austin, TX 78701				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
EXPENDITURE	Food/Beverage Expe		Food and beverage for officeholder while in Austin				
X Political							
Non-Political	· · · —	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$77.17	05/11/2025	06/09/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Hotel Zaza		400 Lavaca St				
			Austin, TX 78701				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		_	eeting to discuss officeholder			
X Political	- 1 Journe verage Exper		issues				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH							
SAPERIORE TO DETICITE C/OTT							

### 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

		The Inst	ruction Guide explains how	to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 10/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$168.71	(b) Date of Charge 05/18/2025	(c) Date(s) C 06/09/2025	Credit Card Issuer	Paid		
7	PAYEE	(a) Payee name  Hotel Zaza		(b) Payee ac	a St	City,	State,	Zip Code
Ļ	DUDDOG 05	(a) Catamani		Austin, TX				
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule)		(b) Description Food and beverage for meeting to discuss officeholder issues				older
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check			Check if Austin, TX,	officeholder living exp	ense			
9	9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$85.21	(b) Date of Charge 05/21/2025	(c) Date(s) C 06/09/2025	Credit Card Issuer	Paid		
	PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code
		Hotel Zaza		400 Lavaca				
L		( ) 5 :		Austin, TX 78701				
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description  Food and beverage for meeting to discuss officeholder issues				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin TX	officeholder living exp	nense	
H	Complete ONLY if direct	Candidate/Officeholder		e sought	Oneok ii zidatiii, 174,	Office held		
6	expenditure to benefit C/OH			3				
	PAYMENT	(a) Amount Charged \$143.98	(b) Date of Charge 05/25/2025	(c) Date(s) C 06/09/2025	Credit Card Issuer	<sup>r</sup> Paid		
Г	PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code
		Hotel Zaza		400 Lavaca	a St			
L				Austin, TX	78701			
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food and beverage for meeting to discuss officeholder issues			older		
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
e	Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH							

### 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

		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)	
	Sch: 11/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	\$			
6	PAYMENT	(a) Amount Charged \$74.34	(b) Date of Charge 05/25/2025	(c) Date(s) Credit Card 06/09/2025	d Issuer Paid			
7	PAYEE	Hotel Zaza		(b) Payee address; 400 Lavaca St	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (I		Austin, TX 78701  (b) Description  Food and beverage for officeholder while in Austin				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			ustin, TX, officeholder living ex	pense			
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name				e sought	Office held			
	PAYMENT	(a) Amount Charged \$50.05	(b) Date of Charge 06/23/2025	(c) Date(s) Credit Card	d Issuer Paid			
	PAYEE	Hotel Zaza		(b) Payee address; 400 Lavaca St Austin, TX 78701	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage	while traveling for c	officeholde	r duties	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living ex	pense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$4.89	(b) Date of Charge 05/18/2025	(c) Date(s) Credit Card 06/09/2025	d Issuer Paid			
	PAYEE	Hudson Dallas Love Field Airport		(b) Payee address; 8008 Herb Kelleher Dallas, TX 75235	City, Way	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category		(b) Description Food and beverage while traveling for officeholder duties			r duties	
	Non-Political	(c) anoski sator oatolao o rokao compieto conculio ii			Check if Austin, TX, officeholder living expense			
е	Complete ONLY if direct							

# 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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	3 Filer ID (Ethics Commission Filers)		
Sch: 12/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$22.27	06/23/2025					
7 PAYEE	(a) Payee name  Hudson Dallas Love	e Field Airport	(b) Payee address; 8008 Herb Kelleher Way	City,	State,	Zip Code	
			Dallas, TX 75235				
8 PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food and beverage while Food/Beverage Expense		traveling for off	iceholde	r duties		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$4.32	(b) Date of Charge 02/10/2025	(c) Date(s) Credit Card Issue 03/09/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Hudson at Dallas L	ove Field	8008 Herb Kelleher Way				
			Dallas, TX 75235				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage while traveling for officeholder duties				
X Political							
Non-Political	\(\frac{1}{2}\)   \(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living expe	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held			
PAYMENT	(a) Amount Charged \$4.32	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card Issue 03/09/2025	r Paid			
PAYEE	Hudson at Dallas Love Field		(b) Payee address; 8008 Herb Kelleher Way Dallas, TX 75235	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	TURE (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food and beverage for office holder while traveling to Austi				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense		
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 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

	The Inst	ruction Guide explains how	to complete this form.	(* ** ** ******************************	· · · · · · · · · · · · · · · · · · ·		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	3 Filer ID (Ethics Commission Filers)		
Sch: 13/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$20.86	(b) Date of Charge 03/16/2025	(c) Date(s) Credit Card Issue 04/09/2025	er Paid			
7 PAYEE	(a) Payee name Hudson at Dallas L	ove Field	(b) Payee address; 8008 Herb Kelleher Way	City, S	State, Zip Code		
0. PURPOSE OF	(a) Category		Dallas, TX 75235				
8 PURPOSE OF EXPENDITURE  X Political			(b) Description Food and beverage while traveling for officeholder duties				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense	•		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	ar Paid			
TATMENT	\$9.30	05/11/2025	06/09/2025	i i did			
PAYEE	(a) Payee name		(b) Payee address;	City, S	State, Zip Code		
	Jo's Coffee		3600 Presidential Blvd				
			Austin, TX 78719				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage for officeholder while in Austin				
Non-Political	(a) Chook if traval outside	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living evnence			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	•	e sought	, officeholder living expense Office held	•		
expenditure to benefit C/OH	Caradate/Oniceriolaer	Tianic Oilio	o Sought	Office field			
PAYMENT	(a) Amount Charged \$3.44	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issue 03/09/2025	er Paid			
PAYEE	(a) Payee name  McDonald's		(b) Payee address; 11640 Interstate 35 N Jarrell, TX 76537	City, S	State, Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food and beverage for officeholder while in Austin				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX	, officeholder living expense	· ·		
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held							

### 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

	The Inst	ruction Guide explains how	to complete this	s form.	, ,	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 14/50 Rpt:	Meyer, Morgan D. (	The Honorable)			00069344		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED FURES TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$116.03	(b) Date of Charge 02/24/2025		(c) Date(s) Credit Card Issuer 03/09/2025			
7 PAYEE	North Italia		(b) Payee add	St 120	City,	State,	Zip Code
0 DUDDOCE OF	(a) Category		Austin, TX				
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food and beverage for meeting to discuss officeholder issues				older
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$145.70	(b) Date of Charge 03/02/2025	(c) Date(s) Ci 03/09/2025	redit Card Issuel	r Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
	North Italia		500 W 2nd	St 120			
			Austin, TX				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage for meeting to discuss officeholder issues				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$72.44	(b) Date of Charge 03/18/2025	(c) Date(s) Ci 04/09/2025	redit Card Issue	r Paid		
PAYEE	North Italia		(b) Payee add 500 W 2nd Austin, TX 7	St 120	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food and b	n everage for off	ficeholder whil	e in Austi	n	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held							

### 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

		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: 15/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	<b> \$</b>		
6	PAYMENT	(a) Amount Charged \$130.14	(b) Date of Charge 04/25/2025	(c) Date(s) Credit Card Issu 05/09/2025	er Paid		
7	PAYEE	North italia		(b) Payee address; 500 W 2nd St 120	City, State, Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule)		Austin, TX 78701  (b) Description  Food and beverage for meeting to discuss officeholder issues			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T		X, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name				e sought	Office held		
	PAYMENT	(a) Amount Charged \$9.61	(b) Date of Charge 01/20/2025	(c) Date(s) Credit Card Issu 02/09/2025	er Paid		
	PAYEE	(a) Payee name Paciugo's at Dallas	Love Field	(b) Payee address; 8008 Herb Kelleher Way Dallas, TX 75235	City, State, Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description Food and beverage for officeholder while in Austin			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$15.78	(b) Date of Charge 04/11/2025	(c) Date(s) Credit Card Issu 05/09/2025	er Paid		
	PAYEE	Paradies Lagardere at Austin		(b) Payee address; 3600 Presidential Blvd Austin, TX 78719	City, State, Zip Code		
	PURPOSE OF EXPENDITURE  X Political	OITURE (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food and beverage while traveling for officeholder duties			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
е	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

### 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

	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: 16/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344			
4 CREDIT CARD ISSUER	1	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$264.72	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Card Issue 06/09/2025	r Paid			
7 PAYEE	(a) Payee name Qi Austin		(b) Payee address; 835 West 6th St Suite 11	City,	State,	Zip Code	
	( ) -		Austin, TX 78703				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage while traveling for officeholder duties				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$32.45	(b) Date of Charge 02/05/2025	(c) Date(s) Credit Card Issue 02/09/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	RBG Amli 2.0		241 W. 3rd St				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		Austin, TX 78701  (b) Description  Food and beverage for officeholder while in Austin				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$222.94	(b) Date of Charge 04/18/2025	(c) Date(s) Credit Card Issue 05/09/2025	r Paid			
PAYEE (a) Payee name  Red Ash		(b) Payee address; 303 Colorado St #200 Austin, TX 78701	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage for m issues	eeting to discus	s officeh	older	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX	, officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held				

### 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

	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: 17/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	<b> \$</b>	
6 PAYMENT	(a) Amount Charged \$38.09	(b) Date of Charge 06/02/2025	(c) Date(s) Credit Card 06/09/2025	Issuer Paid	
7 PAYEE	(a) Payee name Rosen's Bagels		(b) Payee address; 422 Guadalupe St St Austin, TX 78701	City, State, Zip Code uite C	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage v	while traveling for officeholder duties	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Officeholder name			e sought	Office held	
PAYMENT	(a) Amount Charged \$230.93	(b) Date of Charge 01/14/2025	(c) Date(s) Credit Card 02/09/2025	lssuer Paid	
PAYEE	(a) Payee name  Ruth's Chris Steak	House	(b) Payee address; 107 West 6th St Austin, TX 78701	City, State, Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	(b) Description Food and beverage for meeting to discuss officeholder issues		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged \$78.04	(b) Date of Charge 01/14/2025	(c) Date(s) Credit Card 02/09/2025	Issuer Paid	
PAYEE	(a) Payee name  Ruth's Chris Steak	House	(b) Payee address; 108 West 6th St Austin, TX 78701	City, State, Zip Code	
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description Food and beverage for meeting to discuss officeholder issues		
Non-Political	<u> </u>	of Texas. Complete Schedule T.		tin, TX, officeholder living expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

### 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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	thics Commiss	sion Filers)
	Sch: 18/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDI	\$		
6	PAYMENT	(a) Amount Charged \$13.28	(b) Date of Charge 02/06/2025	(c) Date(s) 02/09/20	Credit Card Issue 25	er Paid		
7	PAYEE	(a) Payee name  (b) Payee address;  105 N College  West, TX 76691		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (b) Description			e traveling for	traveling for officeholder duties		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living e	expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office					Office held		
	PAYMENT	(a) Amount Charged \$8.74	(b) Date of Charge 02/22/2025	(c) Date(s) 03/09/20	Credit Card Issue 25	er Paid		
	PAYEE	(a) Payee name Shell		(b) Payee 105 N Co	llege	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		West, TX 76691  (b) Description  Food and beverage while traveling for officeholder duties				r duties
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, TX, officeholder living expense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$77.95	(b) Date of Charge 04/05/2025	(c) Date(s) 04/09/20	Credit Card Issue 25	er Paid		
	PAYEE	(a) Payee name  Shoal Creek Saloon		(b) Payee 909 N La Austin, T	mar Blvd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food and beverage for meeting to discuss officeholder issues				older
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX	C, officeholder living	expense	
е	Complete ONLY if direct xpenditure 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 -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/Officeriolder/Folitica	· ·	ruction Guide explains how	-	THEN (effer a category not listed above)		
┰	Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)		
ľ	Sch: 19/50 Rpt:	Meyer, Morgan D. (	The Honorable)		00069344		
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$8.39	06/12/2025				
7	PAYEE	(a) Payee name Starbucks		(b) Payee address; 8008 Cedar Springs Rd	City, State, Zip Code		
L		( ) 0 :		Dallas, TX 75235			
8	PURPOSE OF EXPENDITURE  X Political	1 Day 1 and		(b) Description Food and beverage while	traveling for officeholder duties		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought			e sought	Office held			
е	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged \$278.71	(b) Date of Charge 06/21/2025	(c) Date(s) Credit Card Issue	r Paid		
	PAYEE (a) Payee name  Stephen F Austin Royal Sonesta		(b) Payee address; 701 Congress Ave Austin, TX 78701	City, State, Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Lodging for officeholder while in Austin			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
	PAYMENT	(a) Amount Charged \$409.02	(b) Date of Charge 06/25/2025	(c) Date(s) Credit Card Issue	r Paid		
	PAYEE	Stephen F Austin Royal Sonesta		(b) Payee address; 701 Congress Ave Austin, TX 78701	City, State, Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging for officeholder while in Austin			
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense		
e	Complete ONLY if direct candidate/Officeholder name office sought office held expenditure to benefit C/OH						
1							

### 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

	The Instr	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 20/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	<b> \$</b>			
6 PAYMENT	(a) Amount Charged \$14.42	(b) Date of Charge 01/12/2025	(c) Date(s) Credit Card Issu 02/09/2025	er Paid			
7 PAYEE	(a) Payee name Subway		(b) Payee address; 100 LR Campbell Italy, TX 76651	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food and beverage while	e traveling for officeholder duties			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$6.48	(b) Date of Charge 01/16/2025	(c) Date(s) Credit Card Issuer Paid 02/09/2025				
PAYEE	(a) Payee name Subway		(b) Payee address; 11810 N IH 35 Jarrell, TX 76537	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food and beverage while traveling for officeholder duties				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$12.54	(b) Date of Charge 06/17/2025	(c) Date(s) Credit Card Issu	er Paid			
PAYEE	Taco Cabana		(b) Payee address; City, State, Zip Co. 4360 Dallas/Fort Worth Turnpike  Dallas, TX 75211				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food and beverage while traveling for officeholder duties				
Non-Political	`	of Texas. Complete Schedule T.		X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH							

# 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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)					
Sch: 21/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$67.70	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card Issuel 02/09/2025	r Paid							
7 PAYEE	(a) Payee name  Target		(b) Payee address; 5300 S Mo Pac Expy	City,	State,	Zip Code					
a puppose of	(a) Catagony		Austin, TX 78749 (b) Description								
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		Groceries/ apartment supplies for office holder while living in Austin								
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							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$40.34	(b) Date of Charge 03/18/2025	(c) Date(s) Credit Card Issue 04/09/2025	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Target		901 E 5th St Ste 140								
			Austin, TX 78702								
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Groceries in Capitol office								
Non-Political	() []										
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$59.55	(b) Date of Charge 03/16/2025	(c) Date(s) Credit Card Issuel 04/09/2025	r Paid							
PAYEE	(a) Payee name  Taverna Austin Dov	Taverna Austin Downtown		City,	State,	Zip Code					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	Austin, TX 78701 (b) Description Food and beverage for of	ficeholder while	e in Austi	n					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	_	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held											

### 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

	The Instruction Guide explains how to complete this form.										
1 Total pages Sch	nedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)			
Sch: 22/50 Rp	t:	Meyer, Morgan D. (	(The Honorable)			00069344					
4 CREDIT CARD ISSUER			ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$					
6 PAYMENT		(a) Amount Charged \$21.40	(b) Date of Charge 03/17/2025	(c) Date(s) 04/09/20	Credit Card Issue 25	r Paid					
7 PAYEE		(a) Payee name  The Capital Grille		(b) Payee 117 W 4t Austin, T	h St	City,	State,	Zip Code			
8 PURPOSE OF EXPENDITURE  X Political	<u> </u>	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descrip	otion	fficeholder while in Austin					
Non-Politic	al	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense					
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Off					Office held					
PAYMENT	iciii C/OIT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
FATMENT		\$5.00	06/17/2025	(c) Date(s)	Credit Card Issue	i Faiu					
PAYEE		(a) Payee name  The Crescent Hotel Fort Worth		(b) Payee 3300 Cai		City,	State,	Zip Code			
PURPOSE OF EXPENDITURE	Ē	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Parking valet for office holder at bill signing event							
Non-Politic	al	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	kpense				
Complete ONLY expenditure to ber		Candidate/Officeholder	name Office	e sought		Office held					
PAYMENT		(a) Amount Charged \$134.77	(b) Date of Charge 02/19/2025	(c) Date(s) 03/09/20	Credit Card Issue 25	r Paid					
PAYEE		(a) Payee name  The Grove Downton	we Downtown Austin  (b) Payee address;  800 W 6th St #100  Austin, TX 78701		h St #100	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE  X Political	URE (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food and beverage for meeting to discuss officeholder issues								
Non-Politic		1	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	Office hold	rpense				
Complete ONLY expenditure to ber		Candidate/Officeholder	name Office	e sought		Office held					
I											

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

Printing Expense

Candidate/Oniceriolder/Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	-	THER (effer a category flot listed above)				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 23/50 Rpt:	Meyer, Morgan D. (	The Honorable)		00069344				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$175.61	(b) Date of Charge 05/28/2025	(c) Date(s) Credit Card Issue 06/09/2025	r Paid				
7 PAYEE	(a) Payee name  The Grove Downtov	wn Austin	(b) Payee address; 800 W 6th St #100	City, State, Zip Code				
	(a) Oatawari		Austin, TX 78701					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food and beverage for meeting to discuss officeholder issues					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
expenditure to benefit C/OH			e sought	Office held				
PAYMENT	(a) Amount Charged \$4.32	(b) Date of Charge 03/24/2025	(c) Date(s) Credit Card Issue 04/09/2025	r Paid				
PAYEE	PAYEE (a) Payee name  The Hudson at Dallas Love Field		(b) Payee address; 8008 Herb Kelleher Way	City, State, Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Dallas, TX 75235  (b) Description  Food and beverage while traveling for officeholder duties					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$42.21	(b) Date of Charge 04/18/2025	(c) Date(s) Credit Card Issue 05/09/2025	r Paid				
PAYEE	(a) Payee name  The Pizza Press		(b) Payee address; 404 W 26th Stret Austin, TX 78705	City, State, Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	,	(b) Description Food and beverage for officeholder while in Austin					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living ex			officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

### 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

l		The Instr	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
l	Sch: 24/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$7.33	(b) Date of Charge 01/12/2025	(c) Date(s) 0 02/09/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name Tiger Mart		(b) Payee a 101 L.R. C	Campbell Rd	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food and beverage while traveling for officeholder duties				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	expenditure to benefit C/OH			e sought		Office held		
	PAYMENT	(a) Amount Charged \$10.35	(b) Date of Charge 05/31/2025	(c) Date(s) 0 06/09/202	Credit Card Issuer 5	Paid		
	PAYEE	Tiger Mart		(b) Payee a 101 L.R. C	Campbell Rd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food and beverage while traveling for officeholder duties				r duties
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		
	PAYMENT	(a) Amount Charged \$21.65	(b) Date of Charge 01/18/2025	(c) Date(s) ( 02/09/202	Credit Card Issuer '5	Paid		
	PAYEE	Westin Dallas		(b) Payee address; City, State, Zip 13340 Dallas Pkwy  Dallas, TX 75240			Zip Code	
	PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule) Fees		(b) Description Valet parking at fundraiser				
L	Non-Political	n-Political (c) Check if travel outside of Texas. Complete Schedule T.			T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								

### 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

		The Inst	ruction Guide explains how	to complete this	s form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 25/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI <sup>*</sup>	UNITEMIZED TURES TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$24.12	(b) Date of Charge 01/12/2025	(c) Date(s) Co 02/09/2025	redit Card Issuer	Paid			
7	PAYEE	(a) Payee name Whataburger		(b) Payee add	ana hwy	City,	State,	Zip Code	
Ļ	DUDDOCE OF	(a) Category		Hillsboro, T					
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		(b) Description Food and b		le traveling for officeholder duties			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$35.35	(b) Date of Charge 06/21/2025	(c) Date(s) C	redit Card Issuer	Paid			
PAYEE (a) Payee name (b)		(b) Payee ad	dress;	City,	State,	Zip Code			
				307 N IH 35	5				
				Belton, TX 76513					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Food and beverage while traveling for officeholder duties					
	X Political								
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$135.78	(b) Date of Charge 04/05/2025	(c) Date(s) Ci 04/09/2025	redit Card Issuer	Paid			
	PAYEE	(a) Payee name Wu Chow		(b) Payee address; 50 W 5th Street #168 Austin, TX 78701		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food and beverage for meeting to discuss officeholder issues				older	
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
e	Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								

### 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 (Ethi	cs Commiss	sion Filers)				
	Sch: 26/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
		\$10.00	06/26/2025								
7	PAYEE	(a) Payee name  Jack Boles Parking		(b) Payee address; 8150 Brookriver Dr	City,	State,	Zip Code				
				Dallas, TX 75247							
8	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE  X Political	(See Categories listed at the top Fees	of this schedule)	Valet parking for officeholder while attending campaign event							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	oense					
9	Complete ONLY if direct	Candidate/Officeholder	name Offic	fice sought Office held							
e:	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.								
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
	Political										
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•							
e:	Complete ONLY if direct xpenditure to benefit C/OH	e sought	Office held								

### 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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 27/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344		
4	CREDIT CARD ISSUER		ncial institution Bank	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$5.29	(b) Date of Charge 02/13/2025	(c) Date(s) 03/09/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name  Aus - West market		(b) Payee a 5812 trade austin, TX	e center dr suite	City, 200	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descript	ion	traveling for officeholder duties		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
	PAYMENT	(a) Amount Charged \$12.48	(b) Date of Charge 01/04/2025	(c) Date(s) ( 01/09/202	Credit Card Issuer 5	Paid		
	PAYEE				ket St. Ste 400	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	San Francisco, CA 94103  (b) Description  Uber in Austin for officeholder while traveling for officeholder activites				officeholder
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	_	Office held		
	PAYMENT	(a) Amount Charged \$33.97	(b) Date of Charge 01/20/2025	(c) Date(s) 0 02/09/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 94103		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descript Uber in Au activites	ion Istin for officeho	lder while trav	eling for d	officeholder
L	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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		
1								

### 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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 28/50 Rpt:	Meyer, Morgan D. (	The Honorable)		00069344				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$10.35	(b) Date of Charge 01/23/2025	(c) Date(s) Credit Card Issue 02/09/2025	r Paid				
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 94103	City, State, Zip Code				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for officehological activities	holder while traveling for officeholder				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$6.60	(b) Date of Charge 01/23/2025	(c) Date(s) Credit Card Issue 02/09/2025	r Paid				
PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 94103	City, State, Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description  Uber in Austin for officeholder while traveling for officehold activites					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$14.81	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issue 02/09/2025	r Paid				
PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 94103	City, State, Zip Code				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for officeholder while traveling for officeholder activites					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

### 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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 29/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$14.36	(b) Date of Charge 01/28/2025	(c) Date(s) ( 02/09/202	Credit Card Issuei 5	r Paid		
7 PAYEE	(a) Payee name Uber			ddress; ket St. Ste 400 isco, CA 94103	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti	ion	nolder while traveling for officeholde		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
expenditure to benefit C/OH			e sought		Office held		
PAYMENT	(a) Amount Charged \$12.19	(b) Date of Charge 02/02/2025	(c) Date(s) 0 02/09/202	Credit Card Issuei 5	r Paid		
PAYEE	(a) Payee name  Uber			ddress; cet St. Ste 400 isco, CA 94103	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for officeholder while traveling for officehold activites				officeholdei
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	- Γ	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$45.45	(b) Date of Charge 02/03/2025	(c) Date(s) ( 02/09/202	Credit Card Issuei 5	r Paid		
PAYEE	(a) Payee name Uber			ddress; ket St. Ste 400 isco, CA 94103	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti			/eling for d	officeholde
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	2 ONLY if direct Candidate/Officeholder name Office sought Office held						

### 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

	The Instr	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 30/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$15.53	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issuel 02/09/2025	r Paid				
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 94103	City, State, Zip Code				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for officeho activites	cholder while traveling for officeholder				
Non-Political	`	of Texas. Complete Schedule T.		officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$37.81	(b) Date of Charge 02/05/2025	(c) Date(s) Credit Card Issuer Paid 02/09/2025					
PAYEE	(a) Payee name Uber	1457 Market St. Ste 40		City, State, Zip Code				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description  Uber in Austin for officeholder while traveling for officeholder activites					
Non-Political	`	of Texas. Complete Schedule T.	<b>—</b>	officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$8.99	(b) Date of Charge 02/10/2025	(c) Date(s) Credit Card Issuer 03/09/2025	r Paid				
PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 94103	City, State, Zip Code				
PURPOSE OF EXPENDITURE    X   Political	EXPENDITURE (See Categories listed at the top of this schedule)  Travel Out of District		(b) Description Uber in Austin for officeholder while traveling for officeholder activites					
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

### 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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)	
	Sch: 31/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$7.57	(b) Date of Charge 02/10/2025	(c) Date(s) 03/09/20	) Credit Card Issuer 25	r Paid			
7	PAYEE	(a) Payee name Uber			address; rket St. Ste 400 ncisco, CA 94103	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip	otion	older while traveling for officeholder			
	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			
	PAYMENT	(a) Amount Charged \$7.51	(b) Date of Charge 02/13/2025	(c) Date(s) 03/09/20	) Credit Card Issuei 25	r Paid			
	PAYEE	(a) Payee name  Uber			address; rket St. Ste 400 ncisco, CA 94103	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description  Uber in Austin for officeholder while traveling for officeholder activites				officeholder	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$8.54	(b) Date of Charge 02/13/2025	(c) Date(s) 03/09/20	) Credit Card Issuei 25	r Paid			
	PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 94103		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Uber in Austin for officeholder while traveling for officeholder activites				officeholder	
L	Non-Political	(7)	of Texas. Complete Schedule T.	0 00116.64	Check if Austin, TX,	officeholder living exp	oense		
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
1									

### 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

	The Inst	ruction Guide explains how	to complete this form	1.					
1 Total pages Schedule F4:	2 FILER NAME			(	3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 32/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	≣S <b> </b> \$	\$				
6 PAYMENT	(a) Amount Charged \$27.85	(b) Date of Charge 02/14/2025	(c) Date(s) Credit (03/09/2025	Card Issuer I	Paid				
7 PAYEE	(a) Payee name Uber		(b) Payee address 1457 Market St. San Francisco,	Ste 400	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	e Categories listed at the top of this schedule) avel Out of District			(b) Description Uber in Austin for officeholder while traveling for officeholder activites				
Non-Political	(C) Check if travel outside	·		k if Austin, TX, of	fficeholder living exp	ense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
PAYMENT	(a) Amount Charged \$29.87	(b) Date of Charge 02/21/2025	(c) Date(s) Credit (03/09/2025	Card Issuer I	Paid				
PAYEE	Uber 1		(b) Payee address 1457 Market St. San Francisco,	Ste 400	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for activites		der while trave	eling for o	officeholde		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	k if Austin, TX, of	fficeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
PAYMENT	(a) Amount Charged \$28.36	(b) Date of Charge 02/21/2025	(c) Date(s) Credit (03/09/2025	Card Issuer I	Paid				
PAYEE	(a) Payee name Uber		(b) Payee address 1457 Market St. San Francisco,	Ste 400	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for activites		der while trave	eling for o	officeholde		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	k if Austin, TX, of	fficeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				

### 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

	The Instru	uction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commissio	on Filers)	
Sch: 33/50 Rpt:	Meyer, Morgan D. (1	The Honorable)		00069344			
4 CREDIT CARD ISSUER	Name of finan see pro		5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A C CARD	<b> </b> \$			
6 PAYMENT	(a) Amount Charged \$31.99	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card 03/09/2025	I Issuer Paid			
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste San Francisco, CA		State,	Zip Code	
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District			(b) Description  Uber in Austin for officeholder while traveling for officeholder activites				
Non-Political	(c) Check if travel outside o	f Texas. Complete Schedule T.	Check if Au	ıstin, TX, officeholder living ex	rpense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$7.99	(b) Date of Charge 03/04/2025	(c) Date(s) Credit Card 03/09/2025	l Issuer Paid			
PAYEE	(a) Payee name  Uber		(b) Payee address; City, State, Zip Code 1457 Market St. Ste 400				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	San Francisco, CA 94103  (b) Description  Uber in Austin for officeholder while traveling for officeholder activites				
Non-Political	(c) Check if travel outside o	f Texas. Complete Schedule T.	Check if Au	ıstin, TX, officeholder living ex	rpense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$28.67	(b) Date of Charge 03/05/2025	(c) Date(s) Credit Card 03/09/2025	l Issuer Paid			
PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste San Francisco, CA		State,	Zip Code	
PURPOSE OF EXPENDITURE    X   Political	ENDITURE (See Categories listed at the top of this schedule)  Travel Out of District		(b) Description Uber in Austin for officeholder while traveling for officeholder activites				
Non-Political	(c) Check if travel outside o	f Texas. Complete Schedule T.		ıstin, TX, officeholder living ex	rpense		
Complete <u>ONLY</u> 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 -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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 34/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$				
6 PAYMENT	(a) Amount Charged \$8.51	(b) Date of Charge 03/07/2025	(c) Date(s) Credit Card Is 03/09/2025	ssuer Paid				
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 4 San Francisco, CA 94		State,	Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Travel Out of District			(b) Description  Uber in Austin for officeholder while traveling for officehold activites				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$10.96	(b) Date of Charge 03/10/2025	(c) Date(s) Credit Card Is 04/09/2025	ssuer Paid				
PAYEE	(a) Payee name  Uber		(b) Payee address; 1457 Market St. Ste 4 San Francisco, CA 94		State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for officeholder while traveling for officehold activites					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$16.94	(b) Date of Charge 03/16/2025	(c) Date(s) Credit Card Is 04/09/2025	ssuer Paid				
PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 4 San Francisco, CA 94		State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for office activites	ceholder while trav	eling for c	officeholde		
Non-Political  Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.  name Office	Check if Austi	in, TX, officeholder living ex Office held	pense			

### 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

	The Insti	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 35/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$30.91	(b) Date of Charge 03/17/2025	(c) Date(s) 04/09/202	Credit Card Issuer 25	Paid		
7 PAYEE	(a) Payee name Uber			address; ket St. Ste 400 cisco, CA 94103	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	(See Categories listed at the top of this schedule)  Travel Out of District  Uber in Austin for officel activites			nolder while traveling for officeholde		
Non-Political	(c) Check if travel outside	<u>'</u>		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$30.34	(b) Date of Charge 03/20/2025	(c) Date(s) 04/09/202	Credit Card Issuer 25	Paid		
PAYEE	Uber			ket St. Ste 400	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip	cisco, CA 94103 tion ustin for officeho		eling for c	officeholder
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$30.45	(b) Date of Charge 03/21/2025	(c) Date(s) 04/09/202	Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name Uber			address; ket St. Ste 400 cisco, CA 94103	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political  Non-Political	(a) Category (See Categories listed at the top Travel Out of District		(b) Descrip Uber in A activites	ustin for officeho			officeholder
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Cneck if Austin, TX,	officeholder living exp	erise	
expenditure to benefit C/OH							

### 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

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)

rages/Contract Labor 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: 36/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$			
6 PAYMENT	(a) Amount Charged \$47.92	(b) Date of Charge 03/24/2025	(c) Date(s) Credit Card Issu 04/09/2025	er Paid			
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 9410				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description  Uber in Austin for officeholder while traveling for officeholder activities				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$11.96	(b) Date of Charge 03/24/2025	(c) Date(s) Credit Card Issu 04/09/2025	er Paid			
PAYEE	(a) Payee name  Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 9410				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for officeholder while traveling for officeholder activites				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$5.45	(b) Date of Charge 03/25/2025	(c) Date(s) Credit Card Issu 04/09/2025	er Paid			
PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 9410				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description	older while traveling for officeholde			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>L</u>	X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

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

Printing Expense

Candidate/Officeriolder/Folitica		ction Guide explains how			JITIEN (enter a catego	ry not iisteu ai	oove)
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·		•	3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 37/50 Rpt:	Meyer, Morgan D. (Th	ne Honorable)			00069344		
4 CREDIT CARD ISSUER	Name of financi		E) Cl	OTAL OF UNITEMIZED (PENDITURES HARGED TO A CREDI <sup>*</sup> ARD	\$		
6 PAYMENT	(a) Amount Charged (l	b) Date of Charge 03/29/2025		ate(s) Credit Card Issue 19/2025	er Paid		
7 PAYEE	(a) Payee name Uber			ayee address; 7 Market St. Ste 400	City,	State,	Zip Code
				Francisco, CA 9410	3		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of t Travel Out of District	this schedule)	` '	escription r in Austin for officeh rites	older while trav	eling for o	officeholde
Non-Political	(c) Check if travel outside of T	Гехаs. Complete Schedule T.		Check if Austin, T>	Κ, officeholder living exp	ense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	e sougl	nt	Office held		
PAYMENT	(a) Amount Charged (l	b) Date of Charge 03/29/2025	` '	ate(s) Credit Card Issue 19/2025	er Paid		
PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400		City,	State,	Zip Code
				Francisco, CA 9410	3		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of t Travel Out of District	this schedule)	(b) Description  Uber in Austin for officeholder while traveling for officeholder activites				
Non-Political	(c) Check if travel outside of T	Гехаs. Complete Schedule Т.		Check if Austin, T>	K, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	e sougl	nt	Office held		
PAYMENT	(a) Amount Charged (l	b) Date of Charge 03/30/2025		ate(s) Credit Card Issue 19/2025	er Paid		
PAYEE	(a) Payee name Uber		1457	ayee address; 7 Market St. Ste 400 Francisco, CA 9410	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of t Travel Out of District	ihis schedule)	(b) Description Uber in Austin for officeholder while traveling for officeholde activites				
Non-Political	(c) Check if travel outside of T	Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	e sougl	nt	Office held		

### 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

	The Insti	ruction Guide explains how	to complete this	form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 38/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344		
4 CREDIT CARD ISSUER	see pi	ncial institution revious	EXPENDIT CHARGED CARD	TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$8.99	(b) Date of Charge 04/03/2025	(c) Date(s) Cr 04/09/2025	edit Card Issuer	Paid		
7 PAYEE	(a) Payee name Uber			dress; et St. Ste 400 eco, CA 94103	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descriptio Uber in Aus activites	n tin for officehol	lder while trave	eling for d	officeholde
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
expenditure to benefit C/OH			e sought		Office held		
PAYMENT	(a) Amount Charged \$19.98	(b) Date of Charge 04/03/2025	(c) Date(s) Cr 04/09/2025	edit Card Issuer	Paid		
PAYEE	Uber			dress; et St. Ste 400 sco, CA 94103	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descriptio		lder while trave	eling for c	officeholde
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$40.48	(b) Date of Charge 04/04/2025	(c) Date(s) Cr 04/09/2025	edit Card Issuer	Paid		
PAYEE	(a) Payee name Uber			dress; t St. Ste 400 sco, CA 94103	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descriptio	•	lder while trave	eling for c	officeholde
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

### 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

	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: 39/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 04/09/2025	er Paid			
	\$11.34	04/04/2025	04/09/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Uber		1457 Market St. Ste 400				
			San Francisco, CA 94103	3			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Travel Out of District	or this scriedale)	activites	older while traveling for officeholder			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$23.55	04/04/2025	04/09/2025				
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Uber		1457 Market St. Ste 400				
			San Francisco, CA 94103	3			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Uber in Austin for officeholder while traveling for officeholde				
X Political	Travel Out of District	<b>,</b>	activites	older while traveling for officeriolder			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$6.74	04/05/2025	04/09/2025				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Code			
			1457 Market St. Ste 400				
	Uber						
			San Francisco, CA 94103	3			
PURPOSE OF	(a) Category	(4)	(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)		older while traveling for officeholde			
X Political			activites				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

### 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

	The Inst	ruction Guide explains how	to complete this for	m.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 40/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$		
6 PAYMENT	(a) Amount Charged \$33.77	(b) Date of Charge 04/05/2025	(c) Date(s) Credit 04/09/2025	Card Issuer	Paid		
7 PAYEE	(a) Payee name Uber		(b) Payee addres 1457 Market St San Francisco,	. Ste 400	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description  Uber in Austin for officeholder while traveling for officeholder activites				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	officeholder living exp	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
PAYMENT	(a) Amount Charged \$19.63	(b) Date of Charge 04/06/2025	(c) Date(s) Credit 04/09/2025	Card Issuer	Paid		
PAYEE	(a) Payee name Uber	Uber		s; :. Ste 400 CA 94103	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin 1 activites		lder while trave	eling for d	officeholde
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$8.93	(b) Date of Charge 04/07/2025	(c) Date(s) Credit 04/09/2025	Card Issuer	Paid		
PAYEE	(a) Payee name Uber		(b) Payee addres 1457 Market St San Francisco,	. Ste 400	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin 1 activites	for officehol	lder while trave	eling for o	officeholde
Non-Political	`	of Texas. Complete Schedule T.		ck if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

### 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

		The Inst	ruction Guide explains how	to complete t	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 41/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$7.45	(b) Date of Charge 04/09/2025	(c) Date(s) 04/09/20	Credit Card Issuer 25	r Paid		
7	PAYEE	(a) Payee name Uber			address; ket St. Ste 400 cisco, CA 94103	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Uber in Austin for officel activites  (c) Check if travel outside of Texas. Complete Schedule T.			tion		eling for o	officeholder
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> e:	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged \$33.96	(b) Date of Charge 04/11/2025	(c) Date(s) 05/09/20	Credit Card Issuer 25	r Paid		
	PAYEE	` ' '			ket St. Ste 400	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip	cisco, CA 94103 ition ustin for officeho		eling for d	officeholder
	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 xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$19.97	(b) Date of Charge 04/13/2025	(c) Date(s) 05/09/20	Credit Card Issuei 25	r Paid		
	PAYEE	(a) Payee name Uber			address; ket St. Ste 400 cisco, CA 94103	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political  Non-Political	(a) Category (See Categories listed at the top Travel Out of District		(b) Descrip Uber in A activites	ustin for officeho			officeholder
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolder	name Office	z sougiil		Office field		

### 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

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 42/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		00069344			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$35.63	(b) Date of Charge 04/13/2025	(c) Date(s) Credit Card Issue 05/09/2025	er Paid			
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 94103	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description  Uber in Austin for officeholder while traveling for officehold activites				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$23.31	(b) Date of Charge 04/17/2025	(c) Date(s) Credit Card Issue 05/09/2025	er Paid			
PAYEE	(a) Payee name  Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 94103	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description  Uber in Austin for officeholder while traveling for officeholder activites				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$38.74	(b) Date of Charge 04/23/2025	(c) Date(s) Credit Card Issue 05/09/2025	er Paid			
PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. Ste 400 San Francisco, CA 94103	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description	older while traveling for officeholder			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

### 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 fo

		I ne inst	ruction Guide explains now	to complete this form.					
<b>1</b> To	tal pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)		
Sc	ch: 43/50 Rpt:	Meyer, Morgan D. (	The Honorable)		00069344				
4 CF	REDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED	1.				
IS	SUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	.  \$				
		·		CARD					
6 P/	AYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$9.74	04/26/2025	05/09/2025					
7 P	AYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				1457 Market St. Ste 400					
		Uber							
				San Francisco, CA 94103	3				
	JRPOSE OF	(a) Category	-fall-in and and old	(b) Description					
=>	(PENDITURE	(See Categories listed at the top Travel Out of District	Uber in Austin for officeho	older while travelii	ng for c	officeholder			
	X Political			activites					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se			
<b>9</b> Co	omplete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expe	nditure to benefit C/OH								
P/	AYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$8.56	04/28/2025	05/09/2025					
P/	AYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		l lle o r		1457 Market St. Ste 400					
		Uber							
				San Francisco, CA 94103					
	JRPOSE OF (PENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
I _	_	Travel Out of District	or triis scriedule)	Uber in Austin for officeholder while traveling for officeholder activites					
<u> </u>	X Political			activites					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se			
1	omplete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expe	nditure to benefit C/OH								
P/	AYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 05/09/2025	r Paid				
		\$13.86	05/01/2025	05/09/2025					
P/	AYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Uber		1457 Market St. Ste 400					
		Obei							
				San Francisco, CA 94103	3				
	JRPOSE OF KPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	alalan sahile tees s		efficale - I - I		
I –	_	Travel Out of District	or trill sorreduct)	Uber in Austin for officeho activites	older while travelli	ng tor c	micenoiaer		
[	X Political			donvitos					
	Non-Political	(*) <b>L</b>	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX, officeholder living expense				
	omplete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expe	nditure to benefit C/OH								
ı									

### 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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)		
	Sch: 44/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$10.80	(b) Date of Charge 05/02/2025	(c) Date(s) 05/09/20	) Credit Card Issuei 25	r Paid				
7	PAYEE	(a) Payee name Uber			address; rket St. Ste 400 ncisco, CA 94103	City,	State,	Zip Code		
8	EXPENDITURE  (See Categories listed at the top of this schedule)  Travel Out of District  Uber in Austin for office activities			otion	holder while traveling for officeholder					
	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				
	PAYMENT	(a) Amount Charged \$7.77	(b) Date of Charge 05/11/2025	(c) Date(s) 06/09/20	) Credit Card Issuei 25	r Paid				
PAYEE (a) Payee name Uber					rket St. Ste 400	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip	ncisco, CA 94103 otion Austin for officeho		eling for (	officeholder		
	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				
	PAYMENT	(a) Amount Charged \$14.90	(b) Date of Charge 05/11/2025	(c) Date(s) 06/09/20	) Credit Card Issuei 25	r Paid				
	PAYEE	(a) Payee name Uber			address; rket St. Ste 400 ncisco, CA 94103	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District			of this schedule)  of Texas. Complete Schedule T.	(b) Descrip Uber in A activites	Austin for officeho			officeholder		
ldash	Non-Political		Check if Austin, TX,	officeholder living exp	oense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

### 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

	The Inst	ruction Guide explains how	to complete this form.	•						
1 Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Ethic	s Commis	sion Filers)			
Sch: 45/50 Rpt:	Meyer, Morgan D. (	(The Honorable)		c	00069344					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	s s	\$					
6 PAYMENT	(a) Amount Charged \$26.40	(b) Date of Charge 05/11/2025	(c) Date(s) Credit C 06/09/2025	Card Issuer F	Paid					
7 PAYEE	Uber			(b) Payee address; City, State, Zip Code 1457 Market St. Ste 400  San Francisco, CA 94103						
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for activites		der while trave	eling for (	officeholde			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, of	ficeholder living exp	ense				
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held					
PAYMENT	(a) Amount Charged \$23.77	(b) Date of Charge 05/11/2025	(c) Date(s) Credit C 06/09/2025	Card Issuer F	Paid					
PAYEE (a) Payee name  Uber			(b) Payee address; 1457 Market St. S San Francisco, C	Ste 400	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber for officeholder to Austin airport							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held					
PAYMENT	(a) Amount Charged \$28.79	(b) Date of Charge 05/16/2025	(c) Date(s) Credit C 06/09/2025	Card Issuer F	Paid					
PAYEE	(a) Payee name Uber		(b) Payee address; 1457 Market St. San Francisco, C	Ste 400	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District			(b) Description Uber for officehol		stin airport					
Non-Political		if Austin, TX, of	ficeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	•				Office held					

# 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

		The Inst	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)	
	Sch: 46/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$19.48	(b) Date of Charge 05/18/2025	(c) Date(s) ( 06/09/202	Credit Card Issuer 5	r Paid			
7	PAYEE	(a) Payee name Uber			et St. Ste 400	City,	State,	Zip Code	
Ļ	PURPOSE OF	(a) Category		<del> </del>	isco, CA 94103				
8	EXPENDITURE  (See Categories listed at the top of this schedule)  Travel Out of District			(b) Descripti Uber for of	on ficeholder to Au	ustin airport			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX,	officeholder living ex	oense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
Ŀ	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$40.07	(b) Date of Charge 05/19/2025	(c) Date(s) ( 06/09/202	Credit Card Issuer 5	Paid			
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Uber		1457 Mark	et St. Ste 400				
					isco, CA 94103				
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Descripti Uber from duties	on Love Field Airp	ort to home - t	ravel for (	officeholdei	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living ex	oense		
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held			
	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$5.66	(b) Date of Charge 05/19/2025	(c) Date(s) ( 06/09/202	Credit Card Issuer 5	r Paid			
T	PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code	
		Uber		1457 Mark	et St. Ste 400				
				San Franc	isco, CA 94103				
	PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)  Travel Out of District			(b) Descripti Uber in Au activites	on stin for officeho	ılder while trav	eling for (	officeholdei	
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				T. Check if Austin, TX, officeholder living expense				
_	Complete ONLY if direct penditure to benefit C/OH  Complete ONLY if direct penditure to benefit C/OH  Complete ONLY if direct penditure to benefit C/OH								

# 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

	i ne inst	ruction Guide explains now	to complete ti	nis torm.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
Sch: 47/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344			
4 CREDIT CARD ISSUER	Name of financial institution see previous		EXPEND	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				
6 PAYMENT	(a) Amount Charged \$8.28	(b) Date of Charge 05/23/2025	(c) Date(s) 06/09/202	Credit Card Issuei 25	Paid			
7 PAYEE	Uber 1457 Market St. St San Francisco, CA			ket St. Ste 400	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descript Uber in At activites	tion ustin for officeho	lder while trave	eling for o	officeholde	
Non-Political	(c) desirable of total complete conductors			Check if Austin, TX,	officeholder living exp	ense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$16.65	(b) Date of Charge 05/25/2025	(c) Date(s) 06/09/202	Credit Card Issuei 25	Paid			
PAYEE (a) Payee name  Uber				nddress; ket St. Ste 400 cisco, CA 94103	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Uber in Austin for officeholder while traveling for officehold activites				officeholde	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$26.03	(b) Date of Charge 05/31/2025	(c) Date(s) 06/09/202	Credit Card Issuei 25	r Paid			
PAYEE	(a) Payee name Uber			ket St. Ste 400 cisco, CA 94103	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descript Uber in At activites	tion ustin for officeho	lder while trave	eling for o	officeholde	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

### 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

		The Insti	ruction Guide explains how	to complete t	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 48/50 Rpt:	Meyer, Morgan D. (	The Honorable)			00069344		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$7.61	(b) Date of Charge 06/01/2025	(c) Date(s) 06/09/20	Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name Uber			address; rket St. Ste 400 cisco, CA 94103	City,	State,	Zip Code
8	EXPENDITURE  (See Categories listed at the top of this schedule)  Travel Out of District  Uber in Austin for officeh activites				otion		eling for d	officeholder
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$6.32	(b) Date of Charge 06/02/2025	(c) Date(s) 06/09/20	Credit Card Issuer 25	Paid		
	PAYEE (a) Payee name  Uber				rket St. Ste 400	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip	cisco, CA 94103 otion ustin for officeho		eling for d	officeholder
	Non-Political	(c) Check if travel outside	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	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$17.57	(b) Date of Charge 06/12/2025	(c) Date(s)	Credit Card Issuer	Paid		
	PAYEE	(a) Payee name  Uber			address; rket St. Ste 400 cisco, CA 94103	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (c) Check if travel outside of Texas, Complete Schedule T.			of this schedule) of Texas. Complete Schedule T.	(b) Descrip Uber in A activites	ustin for officeho	Ider while trave		officeholder
	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	L Shook in Audum, TA,	Office held		
е	expenditure to benefit C/OH							

# 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

		The Inst	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)	
	Sch: 49/50 Rpt:	Meyer, Morgan D. (	(The Honorable)			00069344			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid			
		\$24.95	06/12/2025						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
Uber			1457 Mark	tet St. Ste 400					
				San Franc	isco, CA 94103				
8	PURPOSE OF EXPENDITURE	(a) Category	-f. doi:	(b) Descripti					
	EXPENDITURE  (See Categories listed at the top of this schedule)  Travel Out of District			Uber in Au activites	ıstin for officeho	older while trav	eling for	officeholdeı	
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX,	officeholder living ex	oense		
9	Complete ONLY if direct	name Office	e sought		Office held				
E	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid			
		\$10.99	06/20/2025						
Г	PAYEE	(a) Payee name	l .	(b) Payee a	ddress;	City,	State,	Zip Code	
		Uber		1457 Mark	et St. Ste 400				
				San Franc	isco, CA 94103				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description  Uber in Austin for officeholder while traveling for officeholder					
	X Political	Traver Out of District		activites					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
E	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid			
		\$7.99	06/24/2025						
Г	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
		l lle e e		1457 Mark	et St. Ste 400				
		Uber							
L					isco, CA 94103				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				·	
	X Political	Travel Out of District	of this scriedule)	activites	istin for officeho	ilder while trav	eling for	officeholdei	
	Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.				T. Check if Austin, TX, officeholder living expense				
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
E	expenditure to benefit C/OH								

# SCHEDULE F4

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	y - Gift/Awards	rage Expense F s/Memorials Expense F	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District OTHER (enter a category not listed above)
	The Insti	uction Guide explains ho	w to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 50/50 Rpt:	Meyer, Morgan D. (	The Honorable)		00069344
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid
	\$59.31	06/25/2025		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Uber		1457 Market St. Ste 400	)
			San Francisco, CA 9410	03
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	halder while traveling for officeholder
X Political	Travel Out of District	,	activites	holder while traveling for officeholder
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held
expenditure to benefit C/OH				

# SCHEDULE G

### **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	- Gift/ I Committee Lega	d/Beverage Expense Awards/Memorials Expense al Services e Instruction Guide explains		kpense /ages/Contract Labor	Т	ravel in District ravel Out of District )THER (enter a category not listed al	pove)
1	Total pages Schedule G: Sch: 1/4 Rpt: 152/155	2 FILER NAME Meyer, Morgan	D. (The Honorable)				iler ID (Ethics Commission 0069344	on Filers)
4	Date	5 Payee name				<u> </u>		
	01/09/2025	Mastercard						
6	Amount (\$)	7 Payee address;	City; State;	Zip Co	de			
	\$12.48	PO Box 6004						
	Reimbursement from political contributions intended	Sioux Falls, SD	57117					
8	PURPOSE	(a) Category (See Ca	ategories listed at the top of this sch	edule)	(b) Description	Ched	ck if travel outside of Texas. Comple	te Schedule T.
	OF EXPENDITURE	Credit Card Pa	yment			Ched	ck if Austin, TX, officeholder living ex	oense
	-				Credit card paym	nent f	or expenditures reported	in F4
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officehold	er name		Office sought		Office held	
	Date	Payee name						
	02/09/2025	Mastercard						
	Amount (\$)	Payee address;	City; State;	Zip Co	de			
	\$191.07	PO Box 6004						
	Reimbursement from political contributions intended	Sioux Falls, SD	57117					
	PURPOSE OF		ategories listed at the top of this sch	edule)	Description	=	ck if travel outside of Texas. Comple	
	EXPENDITURE	Credit Card Pa	yment		Cradit aard navm		ck if Austin, TX, officeholder living ex Or expenditures reported	
					Credit card payin	ieni i	or experiultures reported	III F4
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officehold	er name		Office sought		Office held	
	Date	Payee name						
	03/09/2025	Mastercard						
	Amount (\$)	Payee address;	City; State;	Zip Co	de			
	\$201.14	PO Box 6004						
	Reimbursement from political contributions intended	Sioux Falls, SD	57117					
	PURPOSE OF	Category (See Ca	ategories listed at the top of this sch	edule)	Description	_	ck if travel outside of Texas. Comple	
	EXPENDITURE	Credit Card Pa	yment		Cradit aard navm	_	ck if Austin, TX, officeholder living ex	
					Credit card paym	ieiil I	or expenditures reported	III F4
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officehold	er name		Office sought		Office held	

# SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com			Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			7	Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explains	s how to co	omplete this form.					
1	Total pages Schedule G: Sch: 2/4 Rpt: 153/155	2 FILER NAMI	gan D. (The Honorable)			1	iler ID (E	Ethics Commission Filers)		
	-					_	0009344		_	
4	Date 04/09/2025	5 Payee name Mastercard								
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode				_	
	\$488.06	PO Box 60	04							
	Reimbursement from political contributions intended	Sioux Falls	, SD 57117							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this so	hedule)	(b) Description	Che	ck if travel outs	ide of Texas. Complete Schedule T.	-	
	OF EXPENDITURE	Credit Card	l Payment		[	Che	ck if Austin, TX	, officeholder living expense		
	LAFENDITORE				Credit card paym	nent 1	for expend	litures reported in F4		
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		C	Office held	_	
	C/OH									
	Date	Payee name							-	
	05/09/2025	Mastercard								
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode				-	
	\$194.57	PO Box 60	04							
	Reimbursement from									
	X political contributions intended	Sioux Falls	, SD 57117							
	PURPOSE	Category (s	ee Categories listed at the top of this so	hedule)	Description	Che	ck if travel outs	ide of Texas. Complete Schedule T.	-	
	OF EXPENDITURE	Credit Card	Credit Card Payment			Che	eck if Austin, TX	, officeholder living expense		
					Credit card paym	nent f	for expend	litures reported in F4		
	Complete ONLY if direct	I Candidate/Office	holder name		Office sought			Office held	-	
	expenditure to benefit C/OH				· ·					
	C/OH								_	
	Date	Payee name								
	06/09/2025	Mastercard								
	Amount (\$)	Payee addre	• •	e; Zip Co	ode					
	\$231.73	PO Box 60	04							
	Reimbursement from political contributions intended	Sioux Falls	, SD 57117							
	PURPOSE	Category (S	ee Categories listed at the top of this so	hedule)	Description	_		ide of Texas. Complete Schedule T.		
	OF EXPENDITURE	Credit Card	l Payment		L	_		, officeholder living expense		
					Credit card paym	nent 1	for expend	litures reported in F4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		C	Office held		
									_	

# SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			
	Credit Card Payment	The Instruction Guide explain	s how to c	omplete this form.		
1	Total pages Schedule G: Sch: 3/4 Rpt: 154/155	2 FILER NAME Meyer, Morgan D. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069344	
4	•				0000017	_
4	Date 01/09/2025	5 Payee name Visa				
6	Amount (\$)	<b>7</b> Payee address; City; Sta	te; Zip C	ode		-
	\$276.13	900 Metro Center Blvd.				
	Reimbursement from political contributions intended	Foster City, CA 94404				
8	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Credit Card Payment			Check if Austin, TX, officeholder living expense	
	LAFENDITORE			Credit card paym	nent for expenditures reported in F4	
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name		Office sought	Office held	-
	C/OH					
	Date	Payee name				=
	02/09/2025	Visa				
	Amount (\$)	Payee address; City; Sta	te; Zip C	ode		-
	\$942.35	900 Metro Center Blvd.				
	Reimbursement from					
	X political contributions intended	Foster City, CA 94404				
	PURPOSE	Category (See Categories listed at the top of this s	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	-
	OF EXPENDITURE	Credit Card Payment			Check if Austin, TX, officeholder living expense	
				Credit card paym	nent for expenditures reported in F4	
	•	Candidate/Officeholder name		Office sought	Office held	-
	expenditure to benefit C/OH					
						=
	Date	Payee name				
	03/09/2025	Visa				_
	Amount (\$) \$834.99	Payee address; City; Sta 900 Metro Center Blvd.	te; Zip C	ode		
	,	900 Metro Center Biva.				
	X Reimbursement from political contributions intended	Foster City, CA 94404				
	PURPOSE OF	Category (See Categories listed at the top of this s	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Credit Card Payment		L	Check if Austin, TX, officeholder living expense	
				Credit card paym	nent for expenditures reported in F4	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
						-

# SCHEDULE G

#### **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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category	not listed above)
1	Total pages Schedule G:	2 FILER N	IAME			3 Filer ID (Ethics C	Commission Filers)
	Sch: 4/4 Rpt: 155/155	Meyer,	Morgan D. (The Honorable)			00069344	
4	Date	<b>5</b> Payee r	name				
	04/09/2025	Visa					
6	Amount (\$)	<b>7</b> Payee a	address; City; Sta	te; Zip C	ode		
-	\$578.22	l í	etro Center Blvd.	,,			
	Reimbursement from						
	x political contributions intended	Foster	City, CA 94404				
8	PURPOSE	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Tex	cas. Complete Schedule T.
	OF EXPENDITURE	Credit	Card Payment			Check if Austin, TX, officehol	der living expense
	LXI LINDITORE				Credit card paym	ent for expenditures	reported in F4
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/C	Officeholder name		Office sought	Office h	eld
	Date	Payee r	name				
	05/09/2025	Visa					
	Amount (\$)	Payee a	address; City; Sta	te; Zip C	ode		
	\$747.96	900 Me	etro Center Blvd.				
	Reimbursement from						
	X political contributions intended	Foster	City, CA 94404				
	PURPOSE		y (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Tex	xas. Complete Schedule T.
	OF	· ·	Card Payment	,		Check if Austin, TX, officehol	
	EXPENDITURE				Credit card paym	ent for expenditures	reported in F4
	•	Candidate/C	Officeholder name		Office sought	Office h	eld
	expenditure to benefit C/OH						
	Date	Payee r	name				
	06/09/2025	Visa					
	Amount (\$)	Payee a	address; City; Sta	te; Zip C	ode		
	\$1,097.79	900 Me	etro Center Blvd.				
	X Reimbursement from political contributions intended	Foster	City, CA 94404				
	PURPOSE	Categor	y (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Tex	xas. Complete Schedule T.
	OF EXPENDITURE	Credit	Card Payment			Check if Austin, TX, officehol	der living expense
	LXI LINDITORE				Credit card paym	ent for expenditures	reported in F4
					<u> </u>		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/C	Officeholder name		Office sought	Office h	eld