

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084305	2 Total pages filed: 30								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Heriberto</td> <td style="width: 40%;">MI MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Heriberto	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026					
	MS / MRS / MR The Honorable	FIRST Heriberto	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Eddie</td> <td style="width: 30%;">LAST Morales</td> <td style="width: 40%;">SUFFIX Jr.</td> </tr> </table>		NICKNAME Eddie	LAST Morales	SUFFIX Jr.							
NICKNAME Eddie	LAST Morales	SUFFIX Jr.									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 352 Hillcrest Blvd Eagle Pass, TX 78852		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST Heriberto</td> <td style="width: 40%;">MI MI</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Heriberto	MI MI						
	MS / MRS / MR Mr.	FIRST Heriberto	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Eddie</td> <td style="width: 30%;">LAST Morales Jr.</td> <td style="width: 40%;">SUFFIX Jr.</td> </tr> </table>		NICKNAME Eddie	LAST Morales Jr.	SUFFIX Jr.							
NICKNAME Eddie	LAST Morales Jr.	SUFFIX Jr.									
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 352 Hillcrest Blvd Eagle Pass, TX 78852										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 513-1124										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>08/16/2025</td> <td>THROUGH</td> <td>12/31/2025</td> <td></td> </tr> </table>			Month Day Year		Month Day Year		08/16/2025	THROUGH	12/31/2025	
	Month Day Year		Month Day Year								
08/16/2025	THROUGH	12/31/2025									
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special			
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other								
<input type="checkbox"/> General	<input type="checkbox"/> Special										
11 OFFICE	OFFICE HELD (if any) State Representative District 74		12 OFFICE SOUGHT (if known) State Representative District 74								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Morales Jr., Heriberto (The Honorable)	14 Filer ID (Ethics Commission Filers) 00084305
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,505.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,911.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 185,671.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 250,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Heriberto Morales Jr.

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath
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SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Morales Jr., Heriberto (The Honorable)		19 Filer ID (Ethics Commission Filers) 00084305
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,505.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,911.78
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABBVIE PAC 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATIEE, MARTHA Contributor address; City; State; Zip Code FORT DAVIS, TX 79734	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BP NORTH AMERICA EMPLOYEE PAC Contributor address; City; State; Zip Code HOUSTON, TX 77079	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRERA, RAUL Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTILLON, KARINA Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLTON, DENNIS <hr/> 6 Contributor address; City; State; Zip Code Eagle Pass, TX 78852	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHICKASAW NATION <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHINIAS, ROXANA <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHaçon, Mìgle <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chacon, Mìgle <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 11/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Andy <hr/> 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Pena, Carlos <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EXXON MOBIL PAC <hr/> Contributor address; City; State; Zip Code IRVING, TX 75039	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, MIKE <hr/> Contributor address; City; State; Zip Code PLANO, TX 75074	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Mike <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Mike <hr/> 6 Contributor address; City; State; Zip Code Eagle Pass, TX 78852	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) Na
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallegos, Nick <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ernest <hr/> Contributor address; City; State; Zip Code San Antonio, TX	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) EMC Strategies		Employer (See Instructions) Self
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Guadalupe <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Guadalupe <hr/> 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Guadalupe <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadarrama, Rosa <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Steve <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) Na
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanko, Sean <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanko, Sean <hr/> 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanko, Sean <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRAMER, GERALD <hr/> Contributor address; City; State; Zip Code BOCA RATON, TX 33487	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) EXTRA PACKAGING LLC
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knoh, Howard <hr/> Contributor address; City; State; Zip Code Del Rio, TX	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Na		Employer (See Instructions) Na
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUNA, MARIA <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, MICHAEL <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) self
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Irene <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire Woods <hr/> Contributor address; City; State; Zip Code Richmond, TX 23219	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunns, Randall <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLGUIN, JOHN <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, EFRAIN <hr/> 6 Contributor address; City; State; Zip Code Eagle Pass, TX 78852	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Rosa <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Rosa <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Rosa <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Rosa <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, VIVIANA 6 Contributor address; City; State; Zip Code Eagle Pass, TX 78852	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Viviana Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Na		Employer (See Instructions) NA
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon, Manuel Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Julio Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Julio Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rankin, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Eagle Pass, TX 78852	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rankin, Cynthia <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rankin, Cynthia <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roiz, Heriberto <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) EPISD
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Robert <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/30
2 FILER NAME Morales Jr., Heriberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084305
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78768	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul <hr/> Contributor address; City; State; Zip Code EL Paso, TX 79902	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of El Paso
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dionicia <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 1/16 Rpt: 15/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/16/2025	5 Payee name BENAVIDEZ ELEM. PTO	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code Eagle Pass, TX 78852	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SCHOOL DONATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2025	Payee name CANDLES FOR LIFE	
Amount (\$) \$200.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense breast cancer awareness event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name Cain, Gracie	
Amount (\$) \$800.00	Payee address; City; State; Zip Code El Paso , TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense end of year bonus
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 2/16 Rpt: 16/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 11/17/2025	5 Payee name Cain, Gracie	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code El Paso, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense refund for turkeys purchased to donate
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name Casa De La Cultura	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 109 W Broadway Del Rio, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for a community christmas event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Constant Contact	
Amount (\$) \$107.66	Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, TX 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email data services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 3/16 Rpt: 17/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/06/2025	5 Payee name Constant Contact	
6 Amount (\$) \$107.66	7 Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, TX 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data storage fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Constant Contact	
Amount (\$) \$107.66	Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, TX 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name De Leon, Roberto	
Amount (\$) \$100.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Y12 baseball team donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 4/16 Rpt: 18/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/09/2025	5 Payee name Del Rio PTSD	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code Eagle Pass, TX 78852	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution to the PTSD organization
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name EAGLE PASS NEWS GRAM	
Amount (\$) \$300.00	Payee address; City; State; Zip Code Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NEWS PAPER ADS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2025	Payee name EP Lions Club	
Amount (\$) \$100.00	Payee address; City; State; Zip Code Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for community event raffle
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 5/16 Rpt: 19/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/08/2025	5 Payee name EPHS CHEER	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code Eagle Pass, TX 78852	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHEER TEAM DONATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2025	Payee name EPSC	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gold Sponsor for radio ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name Eagle Pass Border Lions	
Amount (\$) \$180.00	Payee address; City; State; Zip Code Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense kid bikes donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 6/16 Rpt: 20/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 12/03/2025	5 Payee name El Paso Young Democrats	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 82825 Austin, TX 78708	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to the organization
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Fire PXA	
Amount (\$) \$60.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff pizza
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Goodman Campaign	
Amount (\$) \$631.75	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense txt messaging serivces
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 7/16 Rpt: 21/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 11/19/2025	5 Payee name Goodman Campaign	
6 Amount (\$) \$531.75	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense txt services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Goodman Campaign	
Amount (\$) \$2.12	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2025	Payee name Goodman Campaign	
Amount (\$) \$545.25	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense txt services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 8/16 Rpt: 22/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 09/23/2025	5 Payee name Goodman Campaign	
6 Amount (\$) \$1,181.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense txt services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name Google	
Amount (\$) \$2.12	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Google	
Amount (\$) \$2.12	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 9/16 Rpt: 23/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 09/18/2025	5 Payee name Google	
6 Amount (\$) \$2.12	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name Google	
Amount (\$) \$2.12	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name Lopez, Sonia	
Amount (\$) \$800.00	Payee address; City; State; Zip Code Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense end of year bonus
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 10/16 Rpt: 24/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/15/2025	5 Payee name Lopez, Sonia	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code Eagle Pass, TX 78852	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense halloween candy
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2025	Payee name Martinez, Veronica	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvassing payment for March election
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name McCord, Cayden	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin , TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense end of year bonus
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 11/16 Rpt: 25/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/09/2025	5 Payee name Mota, Maria	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code Del Rio, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense table for the del rio mayor reception, recognizing previous mayors.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2025	Payee name Our Lady of Refuge Catholic School	
Amount (\$) \$100.00	Payee address; City; State; Zip Code Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for a school fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name Rodriguez, Raymundo	
Amount (\$) \$800.00	Payee address; City; State; Zip Code Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense end of year bonus
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 12/16 Rpt: 26/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/10/2025	5 Payee name SAN LUIS Elementary PTO	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SCHOOL DONATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/17/2025	Payee name SANCHEZ, Larissa	
Amount (\$) \$750.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation/ Sponsor for Miss Texdas Latina
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2025	Payee name Super tacos Morales	
Amount (\$) \$205.00	Payee address; City; State; Zip Code Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food expense for a coach luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 13/16 Rpt: 27/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 11/25/2025	5 Payee name Texas Democratic Party	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 314 E Highland Mall Blvd Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name The Victorian House	
Amount (\$) \$250.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment for community valentines event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2025	Payee name The Wagon Wheel	
Amount (\$) \$417.19	Payee address; City; State; Zip Code 1824 Del Rio Blvd Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Coach Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 14/16 Rpt: 28/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 10/15/2025	5 Payee name VELIA MEZA CAMPAIGN	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN DONATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2025	Payee name VELIA, ROSAMARIA	
Amount (\$) \$250.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNERAL arrangements
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2025	Payee name Vista Print	
Amount (\$) \$411.32	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 15/16 Rpt: 29/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 12/01/2025	5 Payee name WIX	
6 Amount (\$) \$25.98	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$25.98	Payee name WIX Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$25.98	Payee name WIX Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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 F1: Sch: 16/16 Rpt: 30/30	2 FILER NAME Morales Jr., Heriberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084305
4 Date 09/03/2025	5 Payee name amazon	
6 Amount (\$) \$337.00	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle 98109, WA Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense back to school teacher clear the list donations
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name thin blue line	
Amount (\$) \$100.00	Payee address; City; State; Zip Code Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for children toys
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held