

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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Raymond MI: V NICKNAME: Vic, R Vic LAST: Morgan SUFFIX: II	OFFICE USE ONLY Date Received: JAN 8 2019 RECEIVED City Secretary 8:16 AM AB Date Hand-delivered or Date Postmarked: 01/08/19 8:16 AM - AB Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: 401 Edgewater CITY: Victoria, TX STATE: TX ZIP CODE: 77904 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 703-1252 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Michael MI: D NICKNAME: LAST: Hummel SUFFIX:		
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 2306 W Wheeler CITY: Victoria, TX STATE: TX ZIP CODE: 77901		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361) PHONE NUMBER: 578-3910 EXTENSION: ?		
9 REPORT TYPE	<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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 10 / 22 / 2018 THROUGH Month Day Year: 12 / 31 / 2018		
11 ELECTION	ELECTION DATE: Month Day Year: 5 / 4 / 2019	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): N.A.	13 OFFICE SOUGHT (if known): Mayor City of Victoria	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Raymond V. Morgan, II 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		N.A.
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

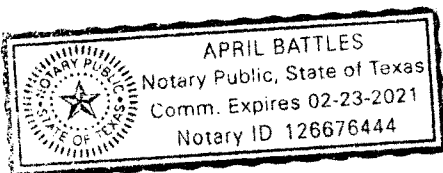
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,101.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N.A.
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,823.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,276.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 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.

Raymond V. Morgan, Jr.
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raymond V. Morgan Jr., this the 8 day of January, 2019, to certify which, witness my hand and seal of office.

April Battles Signature of officer administering oath
April Battles Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

Raymond V. Morgan, II

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,101.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ - 0 -
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,823.42
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ - 0 -
J.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME R Vic Morgan

3 Filer ID (Ethics Commission Filers)

4 Date
5 Full name of contributor out-of-state PAC (ID#: _____)
John & Wyonna Folks

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
38 Springlake Dr. San Antonio, TX
78248

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

R VicMorgan

3 Filer ID (Ethics Commission Filers)

4 Date

12/19/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Mark E Zafereo

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

125 Kreckview Dr. Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/26/18

Full name of contributor out-of-state PAC (ID#: _____)

Larry Beard
Suzanne V. Labrecque

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

109 Waterstone Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/18/18

Full name of contributor out-of-state PAC (ID#: _____)

Robert & Margery Hoeb

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

4521 Banning Dr. Houston, TX 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Larry & Cheryl Clark

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

4606 Hanselman Rd. Victoria, TX 77905

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

R Vic Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Scott Wideman

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

305 Pasadena Dr. Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/11/18

Full name of contributor

out-of-state PAC (ID#: _____)

Vic Morgan

Amount of contribution (\$)

\$ 1.00

Contributor address;

City; State; Zip Code

401 Edgewater Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/18

Full name of contributor

out-of-state PAC (ID#: _____)

Claud Jacob

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

308 Whitechurch Ln. Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/26/18

Full name of contributor

out-of-state PAC (ID#: _____)

Phyllis Keller

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

6026 Country Club Dr. Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME R Vic Morgan		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Griffin & Lynn Knauff 6 Contributor address; City; State; Zip Code 507 DeLeon St. Victoria, TX 77901	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary D Hall & Eileen Stewart Contributor address; City; State; Zip Code 309 E Santa Rosa St. Victoria, TX 77901	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dianne Jernigan Contributor address; City; State; Zip Code 104 Lake Forest Dr. Victoria TX 77904	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon Paul Hull Contributor address; City; State; Zip Code 801 N Craig St. Victoria, TX 77901	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

R Vic Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/18

5 Full name of contributor

Clifford & Magdalena Kuykendall

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

209A S. Main St.

City; State; Zip Code

Victoria, TX 77901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/12/18

Full name of contributor

Juan G Nuñez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

116 N. Main St.

City; State; Zip Code

Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/18

Full name of contributor

Hernan Tejera & Denise McCue

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

P.O. Box 2440

City; State; Zip Code

Victoria, TX 77902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/18

Full name of contributor

Robert & Laura Glenn

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

3007N. Ben Wilson St. Victoria, TX 77901

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

R Vic Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/18

5 Full name of contributor

Clayton & Susan Cain

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1307 W Glass St. Victoria, TX 77901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/12/18

Full name of contributor

David & Sally Cockrum

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

206 Champions Row Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/18

Full name of contributor

A. J. Cohen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

PO. Box 1128 Victoria, TX 77902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/18

Full name of contributor

Jan C. Jacob

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

6041 Country Club Dr. Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

R Vic Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

12/7/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Janey Lack

7 Amount of contribution (\$)

\$ 1,500.00

6 Contributor address; City; State; Zip Code

2402W Wheeler St. Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/12/18

Full name of contributor out-of-state PAC (ID#: _____)

Bruce M + Vicki Bauknight

Amount of contribution (\$)

~~\$ 100.00~~
\$ 100.00

Contributor address; City; State; Zip Code

6123 Country Club Dr. Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/18

Full name of contributor out-of-state PAC (ID#: _____)

David P Brown

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

2978 Colleen Canyon Lake, TX 78133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/18

Full name of contributor out-of-state PAC (ID#: _____)

Debra + James Busby

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

103 Green Way Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

R Vic Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

10/29/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Will Armstrong

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address; City; State; Zip Code

105 Creekside Dr Victoria, TX 77901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/30/18

Full name of contributor out-of-state PAC (ID#: _____)

Melvin Mack

Amount of contribution (\$)

\$ 1,500.00

Contributor address; City; State; Zip Code

2402 N Wheeler St. Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/18

Full name of contributor out-of-state PAC (ID#: _____)

Mrs Ronald Walker

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

2207 N. Wheeler, Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/18

Full name of contributor out-of-state PAC (ID#: _____)

Michael D. Hummel

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

2306 N. Wheeler, Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME R Vic Morgan	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/18	5 Payee name Thrive Fuel	
6 Amount (\$) \$2693.00	7 Payee address; City; State; Zip Code 5606 N. Navarro Victoria, TX 77904 Suite 200	
8 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 12/12/18	Payee name Moonshine Drinkery	
Amount (\$) \$388.44	Payee address; City; State; Zip Code 103 W Santa Rose St. Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 12/12/18	Payee name Huvar's Artisan Market	
Amount (\$) \$1058.06	Payee address; City; State; Zip Code 116 W Franklin St. Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME R Vic Morgan	3 Filer ID (Ethics Commission Filers)
4 Date 12/13/18	5 Payee name Razor IT Solutions, LLC	
6 Amount (\$) 2500.00	7 Payee address; City; State; Zip Code 3405 Lemon Ave. Los Angeles, CA 91789 # 7557 N	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/7/18	Payee name Harland Clark Orders	
Amount (\$) \$26.80	Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio, TX 78256	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-19-18	Payee name Sign Crafters	
Amount (\$) 127.19	Payee address; City; State; Zip Code 40 ^W Water St. Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Vic Morgan	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/18	5 Payee name Nation Builder	
6 Amount (\$) \$15.63	7 Payee address; City; State; Zip Code online contribution handler / Nationbuilder.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought
	Office held	

Date 12/26/18	Payee name Nation Builder	
Amount (\$) 14.30	Payee address; City; State; Zip Code Nationbuilder.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought
	Office held	

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought
	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED