	E / OFFICEHOLDER I FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 Filer iD	2 Total pages filed: 29
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Celia	МІ	OFFICE USE ONLY Date Received
	NICKNAME LAST Morgan	SUFFIX	R-4 AH
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY 1710 W Lovers Lane	'i ZIP CODE	Date Hand-delivered or Date Postmarked  Receipt # Ameunt
Change of Address	Arlington, TX 76013		Date Processed  Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	
NAME	Celia	D	
	NICKNAME LAST	SUFFIX	
	Morgan		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	1710 W LoversLn	Articat	on TX 76013
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EX	XTENSION 1516	1/6 /0010
8 REPORT TYPE	January 15 X 30th day before of Sth day before el		15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2019 THF	Month Day ROUGH 03/25/2019	Year 3
10 ELECTION	ELECTION DATE  Month Day Year  05/04/2019  X Ge	ELECTION TYPE mary Runoff neral Special	Other
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT Arlington Ci	ty Courcil, District 5
Forms provided by Tex		D PAGE 2	Version V1.1.39f8039c

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

of 29

				2 of 29						
13 C / OH NAME	Morgan, Celia		14 Filer ID							
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or office POLITICAL consent. Candidates and officeholders are required to report this information only if they receive no									
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME								
	X GENERAL	X GENERAL Coalition for a Better Arlington								
		COMMITTEE ADDRESS	- "							
	SPECIFIC	615 Engleside Dr								
		Arlington, TX 76018								
		COMMITTEE CAMPAIGN TREASURER NAME								
		Hussan, Syed								
		COMMITTEE CAMPAIGN TREASURER ADDRES	S							
•		615 Engleside Dr								
		Arlington, TX 76018								
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 95.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS		\$ 6,711.23						
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS I	TEMIZED	\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1,537.25						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$ 737.53						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 0.00						
17 AFFADAVIT										
	CHARLOTTE FOULKE otary Public, State of Te Comm. Expires 07-31-20 Notary ID 125601918	xas 121		be reported by me						
A FEIL LIO	FADV CTAND (CEAL CO	•		)						
	AFFIX NOTARY STAMP / SEAL ABOVE									
Sworn to and subsc of AP&I L	ribed before me, by the s	aid Cella Morgan entify which, witness my hand and seal of office.	, this the	day						
Charle Signature of office		bs Charlotte Coultes  Printed name of officer administering	No tar	dministering oath						

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS COVER SHEET PG 2

an mengang galam mengantukan salah bahan bah Bahan yang bahan bah

CHARLOTTE FOULKES
Notary Public, State of Texes
Comm. Expires 07-31-2021
Notary ID 125601918

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

3 of 29

18 FIL	ER NAM	19 Filer ID		
Мо	rgan, C			
<b>20</b> SC	HEDUL			
NA	ME OF	SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,611.23
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 5,100.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS	D)	\$ 0.00
4.	X	SCHEDULE E: LOANS		\$ 0.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 1,472.14
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 65.11
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 0.00
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	\$

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/7 Rpt: 4/29 2 FILER NAME 3 Filer ID Morgan, Celia 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/18/2019 Beck, Elizabeth \$105.58 Contributor address; City; State; Zip Code 2717 Ryan ave Fort Worth, TX 76110 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/25/2019 Bounds, Spencer \$52.95 Contributor address; City; State; Zip Code 2408 Wydewood Drive Midland, TX 79707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) ut-of-state PAC (ID#: 01/25/2019 Bounds, Spencer \$52.95 Contributor address; City; State; Zip Code 2408 Wydewood Drive Midland, TX 79707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/21/2019 Buen, Heather \$21.37 Contributor address; City; State; Zip Code 1016 Reed St Hurst, TX 76053 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 03/17/2019 Burnett, James \$26.63 Contributor address; City; State; Zip Code 7118 Marisol Drive Houston, TX 77083 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/7 Rpt: 5/29 2 FILER NAME 3 Filer ID Morgan, Celia 4 Date Full name of contributor ut-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/12/2019 Camp, Derek \$26.63 6 Contributor address; City; State; Zip Code 422 W Sycamore St Kokomo, IN 46901 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/26/2019 Cruze, Zachary \$26.63 Contributor address; City; State; Zip Code 4233 Keys Dr The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 01/25/2019 Goode, Chris \$21.37 Contributor address; City; State; Zip Code 350 Gran Via apt 3081 Irving, TX 75039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 02/19/2019 Johnson, Ralph \$26.63 Contributor address; City; State; Zip Code Po box 52104 Shreveport, LA 71135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/19/2019 McDaniel, Tim \$26.63 Contributor address; City; State; Zip Code 721 Dotsy Odessa, TX 79763 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/7 Rpt: 6/29 2 FILER NAME 3 Filer ID Morgan, Celia Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/25/2019 Motley, Susan \$105.58 6 Contributor address; City; State; Zip Code 2613 Pinto Drive Denton, TX 76210 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 01/03/2019 Ngo, Chau \$26.63 Contributor address; City; State; Zip Code 2121 Dickson Dr Apt 334 Austin, TX 78704-4791 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/22/2019 Nolan, Jamie \$26.63 Contributor address; City; State; Zip Code 815 Perry St Apt 314 Richmond, VA 23224 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/02/2019 Payne, Leah \$105.58 Contributor address; City; State; Zip Code 8032 Malabar Trl Fort Worth, TX 76123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#; 02/23/2019 Poer, Donald \$5.58 Contributor address; City; State; Zip Code 415 Patricia Lane Highland Village, TX 75077 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/7 Rpt: 7/29 2 FILER NAME 3 Filer ID Morgan, Celia 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/08/2019 Riddell, Steve \$105.58 6 Contributor address; City; State; Zip Code 1308 Shady Creek Drive Euless, TX 76040 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 03/20/2019 Rocha, Jesse \$50.00 Contributor address; City; State; Zip Code 3056 El Tover Cir Dallas, TX 75233 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/17/2019 Rogson, Lorraine (Levine) \$21.37 Contributor address; City; State; Zip Code 3508 Halifax Dr. Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/25/2019 Salem, Emad \$50.00 Contributor address; City; State; Zip Code 806 Park Hill Dr Euless, TX 76040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/14/2019 Schorsch, Brandon \$5.58 Contributor address; City; State; Zip Code 139 E 27th Street Minneapolis, MN 55408 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/7 Rpt: 8/29 2 FILER NAME 3 Filer ID Morgan, Celia 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/15/2019 Schorsch, Brandon \$26.63 6 Contributor address; City; State; Zip Code 3141 Westminster Ave. Dallas, TX 75205 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 03/21/2019 Shanks, John \$26.63 Contributor address; City; State; Zip Code 1201 E Park Blvd Plano, TX 75074 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#; Amount of Contribution (\$) 02/19/2019 Shelton, Susan \$52.95 Contributor address; City; State; Zip Code PO Box 152783 Austin, TX 78715-2783 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/19/2019 StClair, Terri \$105.58 Contributor address; City; State; Zip Code 2361 Water Way Rockwall, TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/19/2019 \$105.58 Tryon, Philip Contributor address; City; State; Zip Code 19805 W.T. Gallaway Manor, TX 78653 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/7 Rpt: 9/29 2 FILER NAME 3 Filer ID Morgan, Celia 5 Full name of contributor 4 Date out-of-state PAC (ID#:\_ 7 Amount of Contribution (\$) 03/08/2019 Upton, Mark \$50.00 6 Contributor address; City; State; Zip Code 1012 Walnut Dr Arlington, TX 76012 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/14/2019 Urbanowski, Scott \$5.58 Contributor address; City; State; Zip Code 5093 Blaine Ave. SE Kentwood, MI 49508 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/20/2019 Valdez, Lupe \$50.00 Contributor address; City; State; Zip Code P.O. Box 227501 Dallas, TX 75222 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 03/02/2019 Valenzuela, Candace \$52.95 Contributor address; City; State; Zip Code 3925 Saint Christopher LN Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/19/2019 Wathum-Ocama, Quentin \$68.74 Contributor address; City; State; Zip Code 1958 Field Avenue Saint Paul, MN 55116 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	MONET	A	RY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
	The Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/29	
2	FILER NAME			3	Filer ID	
Ļ	Morgan, Cel	_		퇶		
4	Date 02/19/2019	5	Full name of contributor		Amount of Contribution (\$)	\$52.95
		6	Contributor address; City; State; Zip Code 430 CR 626			
			Brazoria, TX 77422			
8	Principal occu	pa	ion / Job title (See Instructions)  9 Employer (See Instruction	ns)		
	Date 03/02/2019		Full name of contributor out-of-state PAC (ID#: ) Winbush III, Prince  Contributor address; City; State; Zip Code  1101 River Ridge Pkwy		Amount of Contribution (\$)	\$28.74
			Con Marcos TV 70000			
H	Dringinal age		San Marcos, TX 78666 ion / Job title (See Instructions) Employer (See Instruction			
	•	•		,		
-or	ms provided	bν	Texas Ethics Commission www.ethics.state.tx.us		Version V1.1	39f8039a

# NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/29 2 FILER NAME 3 Filer ID Morgan, Celia TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 0.00 5 Date 6 Full name of contributor out-of-state PAC (ID#: 9 In-kind contribution 8 Amount of contribution (\$) description 03/25/2019 Coalition for a Better Arlington GPAC \$5,100.001 Consulting, Canvassing, 7 Contributor address; City; State; Zip Code door hangers, social 615 Engleside Dr media ads. Arlington, TX 76018 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

www.ethics.state.tx.us

Version V1.1.39f8039c

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 12/29
2 FILER NAME	3 Filer ID
Morgan, Celia	celiaforarlington@gmail.com
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	) 8 Amount of 9 In-kind description
	pledge (\$) (If applicable)
7 Pledgor Address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (S	Gee Instructions)
20 Timelpar occupation 7 Sob title (See Instructions)	see instructions)

	LOANS				SCHEDULE E
	The Instruction	es Schedule E: Rpt: 13/29			
2	FILER NAME Morgan, Celia				
4	TOTAL OF UN	ITEMIZED LOANS			\$ 0.00
5	Date of loan	7 Name of lender out-of-state PAC (ID#:_			9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City; State; Z	p Code		10 Interest Rate
					11 Maturity Date
12	Principal occupation	nn / Job title (See Instructions) 13 Em	ployer (See Instructions)		
14	Description of Coll None	ateral 15 Ch	eck if personal funds were	deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor	и		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; State; Z	p Code	*****************	
20	Principal occupation	n 21 En	ployer (See Instructions)		
		-			
					a.

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

# SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage E Gift/Awards/Mem Legal Services The Instructio	norials Expense	5		Expens /Wages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not list	ed above)
1	Total pages Schedule F1: Sch: 1/5 Rpt: 14/29	2	FILER NAME Morgan, Ce							3	Filer ID	
4		5	Payee name							上		
	01/18/2019			ngton, City Se	ecretary				_			
6	Amount (\$)	7	Payee addre	ess; City;	S	State;	Zip C	ode				
	\$100.00		101 W. Abra	am St								
L			Arlington, T	X 76010								
8	PURPOSE OF	(a)	Category (Se	See Categories liste	ed at the top of the	his sched	Jule)	(b)	Description			
	EXPENDITURE		Fees								de of Texas. Complete Schedule T officeholder living expense	
									Filing Fee.			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	iceholder nam	ie	Off	fice so	ught			Office held	
	Date		Payee name									
	03/21/2019		Donate Way	у								
	Amount (\$)	1	Payee addre		5	State;	Zip C	ode				
	\$1.63		P.O. Box 30	J1267								
L		-	Austin, TX 7									
	PURPOSE OF	(a)		See Categories liste	ed at the top of the	hīs schedi	Jule)	(b)	Description	tol	· CT Co	
	EXPENDITURE		Fees								de of Texas. Complete Schedule T officeholder living expense	•
									Online Contri			
		L										
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offi	iceholder nam	ie	Off	fice sou	ught			Office held	
<u> </u>		_									<u></u>	
	Date		Payee name									
L	03/17/2019	_	Donate Way									
	Amount (\$)		Payee address		S	State;	Zip Co	ode				
	\$1.63		P.O. Box 30	)1267								
			Austin, TX 7	78703								
	PURPOSE OF	(a)	Category (Sr	ee Categories lister	d at the top of th	nis schedu	lule)	(b)	Description			
	EXPENDITURE		Fees						_		de of Texas. Complete Schedule T officeholder living expense	
									Online Contri			
	1											
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	iceholder name	е	Offi	fice sou	ught			Office held	
					_				<u> </u>	_		

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID
Sch: 2/5 Rpt: 15/29	Morgan, Celia		
4 Date	5 Payee name		
03/14/2019	Donate Way		
6 Amount (\$) \$0.58	7 Payee address; City; State; P.O. Box 301267  Austin, TX 78703	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	Check if travel ou	ntside of Texas. Complete Schedule T. TX, officeholder living expense ution Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought	Office held
Date	Payee name		
03/14/2019	Donate Way		
Amount (\$)		Zip Code	
\$0.58	P.O. Box 301267		
	Austin, TX 78703		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	Check if travel ou	ntside of Texas. Complete Schedule T. IX, officeholder living expense ution Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ffice sought	Office held
Date	Payee name		
03/02/2019	Donate Way		
Amount (\$) \$1.73	Payee address; City; State; P.O. Box 301267	Zip Code	
	Austin, TX 78703		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	Check if travel ou	tside of Texas. Complete Schedule T. IX, officeholder living expense ution Fee
Complete ONLY if direct expenditure to benefit C/OF		ffice sought	Office held
Forms provided by Tayas Fi	thics Commission		Version V1 1 20f9020e

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

ı			EXPENDITURE C	ATEGORIE	ES FOR B	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	ense P	Office Overhea Polling Expens Printing Expensional Salaries/Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	se
L			The Instruction Guide	explains ho	w to compl	ete this form.			
1	Total pages Schedule F1:	2 FILER	RNAME				3	Filer ID	
	Sch: 3/5 Rpt: 16/29	Morg	an, Celia						
4	Date	5 Payee	e name						
	03/02/2019	Dona	te Way						
6	Amount (\$)	7 Payee	address; City;	State:	Zip Code		_		
	\$2.95		Box 301267		·				
ı									
ı		Aueti	n, TX 78703						
Ļ					la.				
8	PURPOSE OF	(a) Categ	OFY (See Categories listed at the top	o of this schedu	ıle) (b)	Description		de attaure Complete Colonida T	
l	EXPENDITURE	Fees						de of Texas. Complete Schedule T. officeholder living expense	
ı						Online Contri			
ı									
9	Complete ONLY if direct	Candid	ate/Officeholder name	Off	ice sought			Office held	
ľ	expenditure to benefit C/O							2,1100 1,0,12	
H	Date								
ı	Date		e name						
L	02/01/2019	Face							
	Amount (\$)		e address; City;	State;	Zip Code				
ı	\$19.95	1 Had	cker Way						
l									
ı		Meni	o Park, CA 94025						
Г	PURPOSE	(a) Categ	OFY (See Categories listed at the top	o of this schedu	<sub>J(e)</sub> (b)	Description			
ı	OF EXPENDITURE		rtising Expense			_	outsic	de of Texas. Complete Schedule T,	
ı	EXPENDITORE		- ,					officeholder living expense	
ı						Event Promo	otion		
L								12	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate/Officeholder name	Offi	ice sought			Office held	
L	experialiture to borrent o/or								
Г	Date	Payee	name						
	01/03/2019	Legal	Draft Beer Company						
Г	Amount (\$)	Payee	address; City;	State;	Zip Code				
	\$54.00	500 E	E. Division St						
		Arlino	ton, TX 76011						
H	PURPOSE				- In	Danadata			
	OF		ory (See Categories listed at the top I Expense	of this schedu	ile) (D)	Description  Check if travel	outsic	le of Texas. Complete Schedule T.	
	EXPENDITURE	LVCII	Серепзе					officeholder living expense	
						Deposit for K	icko	off Event.	
Г	Complete ONLY if direct		ate/Officeholder name	Offi	ce sought			Office held	
	expenditure to benefit C/Oł	1			_				
Н									

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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
Sch: 4/5 Rpt: 17/29	Morgan, Celia
4 Date	5 Payee name
01/29/2019	Legal Draft Beer Company
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$216,00	500 E. Division St
	Arlington, TX 76011
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Rental Fee for Kickoff Event.
	Rental Fee for Rickoff Event.
D. Commissio ONII V if disease	
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/25/2019	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$59.44	780 Road to Six Flags St E
	Unit 210
	Arlington, TX 76011
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
	Office Supplies, Event Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/04/2019	Ramos, Jennifer
Amount (\$)	Payee address; City; State; Zip Code
\$300,00	1730 E Oltorf
4000100	Apt 401
	·
	Austin, TX 78741
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
	Graphic Design Work.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Forms provided by Toyes Fi	hics Commission Varion VI 1 2050000

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# 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 Gitl/Awards/Memorials Expense Frinting Expense Salaries/Wages/Contract Labor

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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		nmittee	Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense		xpens Vages	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed a	above)
1	Total pages Schedule F1:	2	FILER NAME						Filer ID	
L	Sch: 5/5 Rpt: 18/29	L	Morgan, Ce	lia						
4	Date	5	Payee name							
	03/20/2019		Texas Dem	ocratic Party						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de			
	\$370.00		P.O. Box 11	.6						
L			Austin, TX 7	78767						
8	PURPOSE OF	(a)	Category (Se	e Categories listed at the	top of this sche	edule)	(b)	Description		
	EXPENDITURE		Fees					_	tside of Texas. Complete Schedule T.	
								VAN Licensing	X, officeholder living expense	
								VAIV Electisting	1 00.	
9	Complete ONLY if direct	Ц,	`andidato/Offi	ceholder name		ffice sou	abt		Office held	
Ĺ	expenditure to benefit C/OI		andidate/One	cenoider name		ince sou	yrıı		Office field	
Г	Date		Рауее пате						20	
	02/22/2019		Zippity Print							
Г	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de		<del></del>	
	\$343.65		1600 East 2	3rd Street						
			Cleveland, (	OH 44114						
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sche	dule)	(b)	Description		
	OF EXPENDITURE		Printing Exp	ense				=	tside of Texas, Complete Schedule T.	
								Literature	X, officeholder living expense	
								Literature		
H	Complete ONLY if direct		andidata/Offic	ceholder name	-	ffice cou	a b t		Office held	
	expenditure to benefit C/OI		anuluate/Ont	cerioider name	U	ffice sou	yııı		Office held	
-			_							

## SCHEDULE F2

Advertising Expense Accounting/Banking

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

Event Expense

Loan Repayment/Reinbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica	al Committee	Gitt/Awards/Memorials Expens Legal Services  The Instruction Guide ex	Salaries	Expense Wages/Contract Labor	Travel in District Travel Out of Distric OTHER (enter a car	et tegory not listed above)		
1 Total pages Schedule F2:					3 Filer ID			
Sch: 1/11 Rpt: 19/29	Morgan, C	elia						
4 TOTAL OF UNITEMI	ZED UNPAIC	ED UNPAID INCURRED OBLIGATIONS \$ 0.00						
5 Date	6 Payee name		-			·		
02/26/2019	Donate Wa							
7 Amount (\$) \$1.63	P.O. Box 3  Austin, TX	301267	State; Zip C	ode				
9 TYPE OF EXPENDITURE	X	Political	Non-Po	litical				
10 PURPOSE OF EXPENDITURE	(a) Category (a) Fees	See Categories listed at the top o	f this schedule)		outside of Texas. Complet n, TX, officeholder living ex ibution Fee			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office held			
Date	Payee name	9						
02/25/2019	Donate Wa	ау						
Amount (\$) \$2.95	Payee addro P.O. Box 3 Austin, TX	01267	State; Zip C	ode				
TYPE OF EXPENDITURE	X	Political	Non-Po	litical				
PURPOSE OF EXPENDITURE	(a) Category (s Fees	See Categories listed at the top o	f this schedule)		outside of Texas. Complet I, TX, officeholder living ex ibution Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Of	ficeholder name	Office so	ught	Office held			

## SCHEDULE F2

Advertising Expense Accounting/Banking Consulting Expense

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

Event Expense Fees Food/Reverage F

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Constainty Expense Contributions/ Donations Made By Candidate/Officeholder/Politics	l Committee	Gift/Awards/Memorials Expense Legal Services  The Instruction Guide ex	Salaries/\	xpense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a cate)	gory not listed above)
1 Total pages Schedule F2:					3 Filer ID	
Sch: 2/11 Rpt: 20/29	Morgan, Ce	elia				
TOTAL OF UNITEMIA	ZED UNPAID	INCURRED OBLIG	ATIONS		\$	0.00
5 Date	6 Payee name					
02/23/2019	Donate Wa	у				
7 Amount (\$) \$0.58	8 Payee addre		State; Zip Co	ode		
	Austin, TX	78703				
9 TYPE OF EXPENDITURE	X	Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Category (s Fees	ee Categories listed at the top of	this schedule)		outside of Texas. Complete n, TX, officeholder living expe ibution Fee	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sou	ight	Office held	
Date	Payee name					
02/22/2019	Donate Wa	у				
Amount (\$) \$1.63	Payee addre P.O. Box 36 Austin, TX	01267	State; Zip Co	ode		u .
TYPE OF EXPENDITURE		Political	Non-Pol	itical		
PURPOSE OF EXPENDITURE	(a) Category (s Fees	ee Categories listed at the top of	this schedule)		outside of Texas. Complete n, TX, officeholder living expe ibution Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offi	ceholder name	Office sou	ıght	Office held	

### SCHEDULE F2

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

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

Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 3/11 Rpt: 21/29 Morgan, Celia TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 0.00 Date Payee name 02/19/2019 Donate Way 7 Amount (\$) Payee address; City; State; Zip Code \$2.95 P.O. Box 301267 Austin, TX 78703 TYPE OF X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/19/2019 Donate Way Amount (\$) Payee address; City; State; Zip Code \$1,63 P.O. Box 301267 Austin, TX 78703 TYPE OF Political Non-Political X **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 0F Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 4/11 Rpt: 22/29 Morgan, Celia TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0.00 Date 6 Payee name 02/19/2019 Donate Way 7 Amount (\$) Payee address; City; State; Zip Code \$5.58 P.O. Box 301267 Austin, TX 78703 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/19/2019 Donate Way Amount (\$) Payee address; City; State; Zip Code \$3.73 P.O. Box 301267 Austin, TX 78703 TYPE OF Non-Political X Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Food/Beverage Expense Contributions/ Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 5/11 Rpt: 23/29 Morgan, Celia \$ 0.00 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name 02/19/2019 Donate Way 7 Amount (\$) Payee address; City; State; Zip Code \$1.63 P.O. Box 301267 Austin, TX 78703 9 TYPE OF Non-Political Х Political **EXPENDITURE** PURPOSE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/19/2019 Donate Way Amount (\$) Payee address; City; State; Zip Code \$2,95 P.O. Box 301267 Austin, TX 78703 TYPE OF Political Non-Political **EXPENDITURE 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 Online Contribution Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 6/11 Rpt: 24/29 Morgan, Celia TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0.00 5 Date 6 Payee name 02/19/2019 Donate Way 7 Amount (\$) Payee address; City; State; Zip Code \$5.58 P.O. Box 301267 Austin, TX 78703 9 TYPE OF Political Non-Political **EXPENDITURE** 10 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 Online Contribution Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/15/2019 Donate Way Amount (\$) Payee address; City: State; Zip Code \$1.63 P.O. Box 301267 Austin, TX 78703 TYPE OF X Political Non-Political **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) **OF** Fees Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

# SCHEDULE F2

### **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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

	Candidate/Officeholder/Politica		Gift/Awards/Memorials Expens Legal Services	Salaries	Expense :/Wages/Contract Labor		Out of District R (enter a category not listed above)		
_	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F2: Sch: 7/11 Rpt: 25/29	2 FILER NAME Morgan, Ce				3 Filer	ID		
4						\$	0.00		
5	Date 02/12/2019	6 Payee name Donate Wa							
_									
7	Amount (\$) \$1.63	P.O. Box 30  Austin, TX	01267	State; Zip C	Code		9		
9	TYPE OF EXPENDITURE	X	Political	Non-Po					
10	PURPOSE OF EXPENDITURE	(a) Category (s Fees	(a) Category (See Categories fisted at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online Contribution Fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office so	pught	(	Office held		
	Date	Payee name							
	01/25/2019	Donate Wa	у						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	Code	_			
	\$2.95	P.O. Box 30							
_		Austin, TX	/8/03						
	TYPE OF EXPENDITURE	X	Political —	Non-Po	olítical				
	PURPOSE OF		ee Categories listed at the top of	of this schedule)	(b) Description				
	EXPENDITURE	Looc Luneck it travel outside of Lexas Complete Schedule L				older living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offi	ceholder name	Office so	pught	C	Office held		

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel in District Consulting Expense Food/Beverage Expense Contributions/ Donations Made By -Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 8/11 Rpt: 26/29 Morgan, Celia 0.00 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name 01/25/2019 Donate Way 7 Amount (\$) Payee address; City; State; Zip Code \$1,37 P.O. Box 301267 Austin, TX 78703 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		al Committee Legal Services	Office Polling eense Printin Salarie	tepayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
L		The Instruction Guide	e explains now to	complete this form.			
1	Total pages Schedule F2:				3 Filer ID		
L	Sch: 9/11 Rpt: 27/29	Morgan, Celia					
4	TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBL	IGATIONS		\$	0.00	
5	Date	6 Payee name					
	01/21/2019	Donate Way					
7	Amount (\$)	8 Payee address; City;	State; Zip	Code			
	\$1.37	P.O. Box 301267					
_	77/05 05	Austin, TX 78703					
9	TYPE OF EXPENDITURE	X Political	Non-F	olitical			
10		(a) Category (See Categories listed at the to	pp of this schedule)	(b) Description			
	OF EXPENDITURE	Fees		Check if travel	outside of Texas. Cor	nplete Schedule T.	
	E/G ENDITORE				n, TX, officeholder livin	g expense	
	į	*		Online Contr	ibution Fee		
11	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office s	ought	Office h	eld	
	Date	Payee name					
	01/18/2019	Donate Way					
	Amount (\$)	Payee address; City;	State; Zip	Code			
	\$5.58	P.O. Box 301267					
	44.00	1101 201 001201					
		Austin, TX 78703		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	TYPE OF EXPENDITURE	X Political	Non-F	olitical			
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b) Description		<u> </u>	
	OF EXPENDITURE	Fees		Check if travel	nplete Schedule T.		
	EXPERIENCE			Check if Austin, TX, officeholder living expense			
				Online Contr	ibution Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office s	ought	Office h	eld	

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID Sch: 10/11 Rpt: 28/29 Morgan, Celia 0.00 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 01/17/2019 Donate Way 7 Amount (\$) Payee address; City; State; Zip Code \$1.37 P.O. Box 301267 Austin, TX 78703 TYPE OF X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/08/2019 Donate Way Payee address; Amount (\$) City; State; Zip Code \$5.58 P.O. Box 301267 Austin, TX 78703 TYPE OF Political Non-Political X **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 11/11 Rpt: 29/29 Morgan, Celia TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0.00 5 Date 6 Pavee name 01/03/2019 Donate Way 7 Amount (\$) Payee address; City; State; Zip Code \$1.63 P.O. Box 301267 Austin, TX 78703 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/02/2019 Donate Way Amount (\$) Payee address; City; State; Zip Code \$5.58 P.O. Box 301267 Austin, TX 78703 TYPE OF Х Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Contribution Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH