

**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	2 Total pages filed: 29
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Celia	MI MI
	NICKNAME	LAST Morgan	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1710 W Lovers Lane  Arlington, TX 76013		ZIP CODE
	Date Hand-delivered or Date Postmarked		RECEIVED + CSO APR - 4 AM 10:30
	Receipt #	Amount	
	Date Processed		Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Celia	MI D
	NICKNAME	LAST Morgan	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  1710 W Lovers Ln Arlington TX 76013		
	AREA CODE	PHONE NUMBER	EXTENSION
7 CAMPAIGN TREASURER PHONE	682 560 9516		
	8 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" 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)		
9 PERIOD COVERED	Month Day Year 01/01/2019		Month Day Year 03/25/2019
	THROUGH		
10 ELECTION	ELECTION DATE Month Day Year 05/04/2019		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Arlington City Council, District 5

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

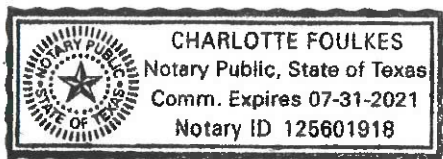
2 of 29

<b>13 C / OH NAME</b> Morgan, Celia	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.															
<input type="checkbox"/> Additional Pages	<table border="1" style="width:100%"> <tr> <td style="width:25%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> GENERAL</td> <td>Coalition for a Better Arlington</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input checked="" type="checkbox"/> GENERAL	Coalition for a Better Arlington	<input type="checkbox"/> SPECIFIC		<table border="1" style="width:100%"> <tr> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td>615 Engleside Dr</td> </tr> <tr> <td>Arlington, TX 76018</td> </tr> <tr> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td>Hussan, Syed</td> </tr> <tr> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> <tr> <td>615 Engleside Dr</td> </tr> <tr> <td>Arlington, TX 76018</td> </tr> </table>	<b>COMMITTEE ADDRESS</b>	615 Engleside Dr	Arlington, TX 76018	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	Hussan, Syed	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	615 Engleside Dr	Arlington, TX 76018
<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>															
<input checked="" type="checkbox"/> GENERAL	Coalition for a Better Arlington															
<input type="checkbox"/> SPECIFIC																
<b>COMMITTEE ADDRESS</b>																
615 Engleside Dr																
Arlington, TX 76018																
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>																
Hussan, Syed																
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>																
615 Engleside Dr																
Arlington, TX 76018																

<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	95.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,711.23
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	1,537.25
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	737.53
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFADAVIT**



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.

*Celia Morgan*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Celia Morgan, this the 3rd day of April, 2019, to certify which, witness my hand and seal of office.

*Charlotte Foulkes*

\_\_\_\_\_  
Signature of officer administering

Charlotte Foulkes

\_\_\_\_\_  
Printed name of officer administering

Notary

\_\_\_\_\_  
Title of officer administering oath



**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Morgan, Celia		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,611.23
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,100.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,472.14
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 65.11
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 4/29
<b>2</b> FILER NAME Morgan, Celia		<b>3</b> Filer ID
<b>4</b> Date 01/18/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Elizabeth	<b>7</b> Amount of Contribution (\$) \$105.58
<b>6</b> Contributor address; City; State; Zip Code 2717 Ryan ave  Fort Worth, TX 76110		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounds, Spencer	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 2408 Wydeewood Drive  Midland, TX 79707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounds, Spencer	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 2408 Wydeewood Drive  Midland, TX 79707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buen, Heather	Amount of Contribution (\$) \$21.37
Contributor address; City; State; Zip Code 1016 Reed St  Hurst, TX 76053		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, James	Amount of Contribution (\$) \$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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/29
2 FILER NAME Morgan, Celia		3 Filer ID
4 Date 01/25/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Motley, Susan	7 Amount of Contribution (\$) \$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 01/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ngo, Chau	Amount of Contribution (\$) \$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 02/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Jamie	Amount of Contribution (\$) \$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 01/02/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Leah	Amount of Contribution (\$) \$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 02/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poer, Donald	Amount of Contribution (\$) \$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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/7 Rpt: 7/29
<b>2</b> FILER NAME Morgan, Celia		<b>3</b> Filer ID
<b>4</b> Date 01/08/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riddell, Steve	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>6</b> Contributor address; City; State; Zip Code 1308 Shady Creek Drive  Euless, TX 76040		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Jesse	Amount of Contribution (\$)  \$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 01/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogson, Lorraine (Levine)	Amount of Contribution (\$)  \$21.37
Contributor address; City; State; Zip Code 3508 Halifax Dr.  Arlington, TX 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salem, Emad	Amount of Contribution (\$)  \$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 03/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schorsch, Brandon	Amount of Contribution (\$)  \$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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/29
2 FILER NAME Morgan, Celia		3 Filer ID
4 Date 02/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schorsch, Brandon	7 Amount of Contribution (\$) \$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 03/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanks, John	Amount of Contribution (\$) \$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 02/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Susan	Amount of Contribution (\$) \$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 02/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) StClair, Terri	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 2361 Water Way  Rockwall, TX 75087	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tryon, Philip	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 19805 W.T. Galloway  Manor, TX 78653	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/29
2 FILER NAME Morgan, Celia		3 Filer ID
4 Date 03/08/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Upton, Mark	7 Amount of Contribution (\$)  \$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 03/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urbanowski, Scott	Amount of Contribution (\$)  \$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 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valdez, Lupe	Amount of Contribution (\$)  \$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 03/02/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valenzuela, Candace	Amount of Contribution (\$)  \$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 02/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wathum-Ocama, Quentin	Amount of Contribution (\$)  \$68.74
Contributor address; City; State; Zip Code 1958 Field Avenue  Saint Paul, MN 55116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/7 Rpt: 10/29
<b>2</b> FILER NAME Morgan, Celia		<b>3</b> Filer ID
<b>4</b> Date 02/19/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code 430 CR 626  Brazoria, TX 77422	<b>7</b> Amount of Contribution (\$) \$52.95
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/02/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winbush III, Prince <hr/> <b>Contributor address; City; State; Zip Code</b> 1101 River Ridge Pkwy  San Marcos, TX 78666	<b>Amount of Contribution (\$)</b> \$28.74
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 11/29
<b>2</b> FILER NAME Morgan, Celia		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00
<b>5</b> Date 03/25/2019	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coalition for a Better Arlington GPAC <hr/> <b>7</b> Contributor address; City; State; Zip Code 615 Engleside Dr  Arlington, TX 76018	<b>8</b> Amount of contribution (\$) \$5,100.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <b>9</b> In-kind contribution description Consulting, Canvassing, door hangers, social media ads.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B: Sch: 1/1 Rpt: 12/29	
<b>2</b> FILER NAME Morgan, Celia		<b>3</b> Filer ID celiaforarlington@gmail.com	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
	<b>7</b> Pledgor Address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 13/29
<b>2</b> FILER NAME Morgan, Celia		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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: 1/5 Rpt: 14/29		2 FILER NAME Morgan, Celia		3 Filer ID
4 Date 01/18/2019		5 Payee name City of Arlington, City Secretary		
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 101 W. Abram St  Arlington, TX 76010		
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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/21/2019		Payee name Donate Way		
Amount (\$) \$1.63		Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703		
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 Online Contribution Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/17/2019		Payee name Donate Way		
Amount (\$) \$1.63		Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703		
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 Online Contribution Fee	
Complete ONLY 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: 2/5 Rpt: 15/29		2 FILER NAME Morgan, Celia		3 Filer ID
4 Date 03/14/2019		5 Payee name Donate Way		
6 Amount (\$) \$0.58		7 Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703		
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 Online Contribution Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/14/2019		Payee name Donate Way		
Amount (\$) \$0.58		Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703		
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 Online Contribution Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/02/2019		Payee name Donate Way		
Amount (\$) \$1.73		Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703		
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 Online Contribution Fee	
Complete ONLY 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: 3/5 Rpt: 16/29		2 FILER NAME Morgan, Celia		3 Filer ID	
4 Date 03/02/2019		5 Payee name Donate Way			
6 Amount (\$) \$2.95		7 Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703			
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 Online Contribution Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/01/2019		Payee name Facebook			
Amount (\$) \$19.95		Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025			
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 Event Promotion	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/03/2019		Payee name Legal Draft Beer Company			
Amount (\$) \$54.00		Payee address; City; State; Zip Code 500 E. Division St  Arlington, TX 76011			
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 Deposit for Kickoff Event.	
Complete ONLY 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: 4/5 Rpt: 17/29		2 FILER NAME Morgan, Celia		3 Filer ID	
4 Date 01/29/2019		5 Payee name Legal Draft Beer Company			
6 Amount (\$) \$216.00		7 Payee address; City; State; Zip Code 500 E. Division St  Arlington, TX 76011			
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 Rental Fee for Kickoff Event.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/25/2019		Payee name Office Depot			
Amount (\$) \$59.44		Payee address; City; State; Zip Code 780 Road to Six Flags St E Unit 210 Arlington, TX 76011			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Office Supplies, Event Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/04/2019		Payee name Ramos, Jennifer			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 1730 E Oltorf Apt 401 Austin, TX 78741			
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 Graphic Design Work.	
Complete ONLY 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: 5/5 Rpt: 18/29	2 FILER NAME Morgan, Celia	3 Filer ID
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4 Date 03/20/2019	5 Payee name Texas Democratic Party
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6 Amount (\$) \$370.00	7 Payee address; City; State; Zip Code P.O. Box 116  Austin, TX 78767
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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 VAN Licensing Fee.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/22/2019	Payee name Zippity Print
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Amount (\$) \$343.65	Payee address; City; State; Zip Code 1600 East 23rd Street  Cleveland, OH 44114
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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 Literature
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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.

<b>1</b> Total pages Schedule F2: Sch: 1/11 Rpt: 19/29	<b>2</b> FILER NAME Morgan, Celia	<b>3</b> Filer ID
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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<b>5</b> Date 02/26/2019	<b>6</b> Payee name Donate Way
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<b>7</b> Amount (\$) \$1.63	<b>8</b> Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/25/2019	Payee name Donate Way
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Amount (\$) \$2.95	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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.

<b>1</b> Total pages Schedule F2: Sch: 2/11 Rpt: 20/29	<b>2</b> FILER NAME Morgan, Celia	<b>3</b> Filer ID
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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<b>5</b> Date 02/23/2019	<b>6</b> Payee name Donate Way
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<b>7</b> Amount (\$) \$0.58	<b>8</b> Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/22/2019	Payee name Donate Way
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Amount (\$) \$1.63	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 3/11 Rpt: 21/29	<b>2</b> FILER NAME Morgan, Celia	<b>3</b> Filer ID
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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<b>5</b> Date 02/19/2019	<b>6</b> Payee name Donate Way
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<b>7</b> Amount (\$) \$2.95	<b>8</b> Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/19/2019	Payee name Donate Way
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Amount (\$) \$1.63	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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.

<b>1</b> Total pages Schedule F2: Sch: 4/11 Rpt: 22/29	<b>2</b> FILER NAME Morgan, Celia	<b>3</b> Filer ID
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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<b>5</b> Date 02/19/2019	<b>6</b> Payee name Donate Way
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<b>7</b> Amount (\$) \$5.58	<b>8</b> Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/19/2019	Payee name Donate Way
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Amount (\$) \$3.73	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | 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 F2: Sch: 5/11 Rpt: 23/29	2 FILER NAME Morgan, Celia	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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5 Date 02/19/2019	6 Payee name Donate Way
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7 Amount (\$) \$1.63	8 Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 Online Contribution Fee
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/19/2019	Payee name Donate Way
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Amount (\$) \$2.95	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 Online Contribution Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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 F2: Sch: 6/11 Rpt: 24/29	2 FILER NAME Morgan, Celia	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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5 Date 02/19/2019	6 Payee name Donate Way
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7 Amount (\$) \$5.58	8 Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 Online Contribution Fee
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2019	Payee name Donate Way
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Amount (\$) \$1.63	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 Online Contribution Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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.

<b>1</b> Total pages Schedule F2: Sch: 7/11 Rpt: 25/29	<b>2</b> FILER NAME Morgan, Celia	<b>3</b> Filer ID
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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<b>5</b> Date 02/12/2019	<b>6</b> Payee name Donate Way
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<b>7</b> Amount (\$) \$1.63	<b>8</b> Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2019	Payee name Donate Way
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Amount (\$) \$2.95	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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 F2: Sch: 8/11 Rpt: 26/29	2 FILER NAME Morgan, Celia	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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5 Date 01/25/2019	6 Payee name Donate Way
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7 Amount (\$) \$1.37	8 Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 Online Contribution Fee
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2019	Payee name Donate Way
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Amount (\$) \$5.58	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 Online Contribution Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | 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 F2: Sch: 9/11 Rpt: 27/29	2 FILER NAME Morgan, Celia	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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5 Date 01/21/2019	6 Payee name Donate Way
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7 Amount (\$) \$1.37	8 Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 Online Contribution Fee
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/18/2019	Payee name Donate Way
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Amount (\$) \$5.58	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 Online Contribution Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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 F2: Sch: 10/11 Rpt: 28/29	2 FILER NAME Morgan, Celia	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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5 Date 01/17/2019	6 Payee name Donate Way
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7 Amount (\$) \$1.37	8 Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 Online Contribution Fee
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/08/2019	Payee name Donate Way
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Amount (\$) \$5.58	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 Online Contribution Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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.

<b>1</b> Total pages Schedule F2: Sch: 11/11 Rpt: 29/29	<b>2</b> FILER NAME Morgan, Celia	<b>3</b> Filer ID
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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<b>5</b> Date 01/03/2019	<b>6</b> Payee name Donate Way
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<b>7</b> Amount (\$) \$1.63	<b>8</b> Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> 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 Online Contribution Fee
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/02/2019	Payee name Donate Way
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Amount (\$) \$5.58	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 Online Contribution Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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