CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 16 CANDIDATE / MS / MRS / MR FIRST М OFFICE USE ONLY **OFFICEHOLDER** Celia NAME Date Received NICKNAME LAST **SUFFIX** Morgan CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked OFFICEHOLDER On 1710 W Lovers Lane MAILING Amount Receipt # **ADDRESS** Change of Address Arlington, TX 76013 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST М **TREASURER** NAME NICKNAME **SUFFIX** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) 1110 WLOVERS LA CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) N **PERIOD** Day Year Month Day Year COVERED THROUGH 03/26/2019 04/24/2019 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/04/2019 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) trungton City Council Districts **GO TO PAGE 2**

FORM C/OH

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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				2 01 10			
13 C / OH NAME	Morgan, Celia		14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	I ures made by political com the candidate's or officeho n only if they receive notic	older's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
<u> </u>	X GENERAL	Arlington Professional Firefighters PAC					
		COMMITTEE ADDRESS					
	SPECIFIC	208 South Fielder Rd.					
		Arlington, TX 76013					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Martinez, Pedro					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
		208 South Fielder Rd					
7		Arlington, TX 76013					
16 CONTRIBUTION TOTALS	LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 5,489.66			
EXPENDITURE TOTALS		AL EXPENDITURES OF \$100 OR LESS, UNLESS	SITEMIZED	\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 951.76			
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,283.76			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP. OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 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. NELLIE ANNAY SANCHEZ Notary Public, State of Texas Comm. Expires 05-05-2023 Notary ID 130215248 Signature of Candidate or Officeholder							
AFFIX NOT	ΓARY STAMP / SEAL ABO	N/E					
	ribed before me, by the sa	Celia Mordan	, this the2L	eth day			
Signature of office	Sandu	Hulle Annuy Ganc Printed name of officer administering	7 10 17	Adell administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 16

18 FII	18 FILER NAME 19 Filer ID								
Mi	Morgan, Celia								
	20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT								
N/	ME OF	SCHEDULE		٦	OBTOTAL AMOUNT				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,497.99				
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,991.67				
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4.	X	SCHEDULE E: LOANS		\$	0.00				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	951.76				
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
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	DNS	\$					
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	÷				
					-				

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/16	
2	FILER NAME Morgan, Ce		3	Filer ID	
4	Date 04/12/2019	5 Full name of contributor out-of-state PAC (ID#:) Bohme, Paula 6 Contributor address; City; State; Zip Code 2705 Park Place Ct Arlington, TX 76016	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions))		
	Date 04/04/2019	Full name of contributor out-of-state PAC (ID#:) Bounds, Spencer Contributor address; City; State; Zip Code 2408 Wydewood Drive Midland, TX 79707		Amount of Contribution (\$)	\$52.95
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions))		
	Date 04/04/2019	Full name of contributor out-of-state PAC (ID#:) Davidson, Jamie Contributor address; City; State; Zip Code 4825 Lafayette Ave		Amount of Contribution (\$)	\$26.63
	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions) Employer (See Instructions)	<u> </u>		
	Date 04/03/2019	Full name of contributor out-of-state PAC (ID#:) Dozier, Rachel Contributor address; City; State; Zip Code 2505 Pomponesset Dr Arlington, TX 76001		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions))		
	Date 03/31/2019	Full name of contributor out-of-state PAC (ID#:) Duhon, Kolby Contributor address; City; State; Zip Code 600 S. 1st #108 Austin, TX 78704		Amount of Contribution (\$)	\$31.89
	Principal occu	nation / 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: 2/4 Rpt: 5/16 2 FILER NAME 3 Filer ID Morgan, Celia 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/02/2019 Garcia, Emmanuel \$26.63 Contributor address; City; State; Zip Code 6820 Baythorne Dr. Austin, TX 78747 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 04/18/2019 Garza, Steven \$5.58 Contributor address; City; State; Zip Code 18108 S Parkview Drive, F14 Houston, TX 77084 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2019 Gentry, Patricia \$25.00 Contributor address; City; State; Zip Code 2001 Glen Creek Ct. Arlington, TX 76015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2019 Gregory, Gabrien \$5.58 Contributor address; City; State; Zip Code 1806 Town Oak Drive San Antonio, TX 78232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/08/2019 Lopez, Christopher \$263.47 Contributor address; City; State; Zip Code 4201 Phoenix dr Carroliton, TX 75010 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDUL	E A1
The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/16	
FILER NAME			3 Filer ID	
Morgan, Celi	a			
Date	5 Full name of contributor ut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/22/2019	Lovelace, Cade			\$158.2
	6 Contributor address; City; State; Zip Code			
	2316 5th Ave			
	Fort Worth, TX 76110			
Principal occu		9 Employer (See Instructions)	
F	,		,	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
04/20/2019	McCann, Emily		(.,	\$26.6
	Contributor address; City; State; Zip Code	***************************************	960	
	1702 Ross Avenue			
	Carrollton, TX 75006			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
03/31/2019	Smith, Jason	<i>,</i>	Amount of Contribution (4)	\$131.8
		4415547434745745474557467447474747474747474747474		410110
	1717 College Ave			
	2.2. 20.030			
	Fort Worth, TX 76110			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Date	Full name of contributor)	Amount of Contribution (\$)	
03/31/2019	Smith Jr., Darrel			\$5.5
	Contributor address; City; State; Zip Code			
	813 WOODROW ST			
5 • • •	ARLINGTON, TX 76012		<u></u>	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/04/2019	Stephens, Sarah		``	\$35.0
	Contributor address; City; State; Zip Code			
	307 Sunset Court			
			#3	
	Arlington, TX 76013		<u></u>	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	r)	
-				
rme provided	by Texas Ethics Commission www.ethics	etato ty ue	Version V1	1 206003
anno provided i	/y . CAGO ETHOS COMENISSION	.อเนเบ.เก.นอ	A CIDIOII AT	いていついりいつい

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A	\1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/16	
2	FILER NAME Morgan, Celia	3 Filer ID	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Stewart, Jeff 6 Contributor address; City; State; Zip Code 309 W 7th Street Fort Worth, TX 76102	7 Amount of Contribution (\$) \$1	.00.00
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	ns)	
	Date Full name of contributor out-of-state PAC (ID#:) 03/31/2019 Williams, Rebecca Contributor address; City; State; Zip Code 5215 Wild West Drive Arlington, TX 76017	Amount of Contribution (\$)	552.95
	Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)	

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; 8/16 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#: 8 Amount of 9 In-kind contribution contribution (\$) description 04/24/2019 Arlington Professional Firefighters PAC \$1,447.801 Signs Contributor address; City; State; Zip Code 208 South Fielder Rd Arlington, TX 76013 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 04/24/2019 Arlington Professional Firefighters PAC \$2,543.87 | Mailers Contributor address; City; State; Zip Code 208 South Fielder Rd Arlington, TX 76013 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 9/16
2 FILER NAME	3 Filer ID
Morgan, Celia	celiaforarlington@gmail.com
4 TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	B 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	See Instructions)

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

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			Expens /Wages	e //Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	=				-	3	Filer ID	
	Sch: 1/6 Rpt: 11/16		Morgan, Ce	elia							
4	Date	5	Payee name						_		
	04/22/2019		Donate Wa								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip C	ode				
	\$8.21		P.O. Box 30	01267							
			Austin, TX	78703							2
8	PURPOSE OF	(a)	Category (S	iee Categories listed at the	top of this scho	edule)	(b)	Description			
	EXPENDITURE		Fees							de of Texas. Complete Schedule T. officeholder living expense	
								Online Contri			
9	Complete ONLY if direct		andidate/Offi	iceholder name	C	Office so	ught			Office held	
L	expenditure to benefit C/OF	-									
	Date		Payee name								
	04/20/2019		Donate Wa	y 							
	Amount (\$)		Payee addre	•	State;	Zip C	ode				
	\$1.63		P.O. Box 30	01267							
		\vdash	Austin, TX	78 7 03							
	PURPOSE OF	(a)		See Categories listed at the	top of this sche	edule)	(b)	Description	nı .h	do of Tougo Complete Schodus T	
	EXPENDITURE		Fees							de of Texas, Complete Schedule T. officeholder living expense	
								Online Contri			
	Complete ONLY if direct expenditure to benefit C/Ol-		andidate/Offi	iceholder name	C	Office so	ught			Office held	
	experiorate to perferit G/Of	_									
	Date		Payee name								
L	04/18/2019	ᆫ	Donate Wa								
	Amount (\$)		Payee addre		State;	Zip C	ode				
	\$0.58		P.O. Box 30	01267							
			A Alon Water	70700							
		<u> </u>	Austin, TX								
	PURPOSE OF			ee Categories listed at the	top of this sche	edule)	(b)	Description Check if travel	outei	de of Texas. Complete Schedule T.	
	EXPENDITURE		Fees							officeholder living expense	
								Online Contri	but	ìon Fee	
	Complete ONLY if direct expenditure to benefit C/OF	٦ ١	andidate/Offi	iceholder name	C	Office so	ught			Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	se	Politing Ex Printing E	xpense Expens			Travel in District Travel Out of District OTHER (enter a category not listed above	
		_		The Instruction Guide ex	xplains h	ow to co	omple	ete this form.	_		
1	Total pages Schedule F1:								3	Filer ID	
	Sch: 2/6 Rpt: 12/16		Morgan, Ce	elia							
4	Date	5	Payee name	1							
	04/08/2019		Donate Wa								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	ode				
	\$13.47		P.O. Box 30	01267							
L			Austin, TX	78703							
8	PURPOSE OF	(a)	Category (S	See Categories listed at the top of	of this sche	dule)	(b)	Description			
	EXPENDITURE		Fees							ide of Texas, Complete Schedule T.	
								Online Contri		i, officeholder living expense	
								James Colle			
9	Complete ONLY if direct	۲	Candidate/Off	iceholder name		ffice sou	napt			Office held	
Ĺ	expenditure to benefit C/Oh		Januare On	TOTOGOT HAIRS		noe sul	-A.11			Omos rieiu	
	Date		Payee name								
	04/04/2019		Donate Wa	ıy							
Г	Amount (\$)		Payee addre	ess; City;	State;	Zip C	ode				
	\$1.63		P.O. Box 36	01267							
			Austin, TX	78703							
Г	PURPOSE	(a)	Category (S	See Categories listed at the top of	of this sche	dule)	(b)	Description		V	
	OF EXPENDITURE		Fees						outs	ide of Texas, Complete Schedule T.	
	CAPENDITURE						ĺ			, officeholder living expense	
								Online Contri	ıbu	tion Fee	¥
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	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name	0	ffice so	ught			Office held	
L		_						_			
	Date		Payee name								
L	04/04/2019		Donate Wa)y							
	Amount (\$)		Payee addre	•	State;	Zip C	ode				
	\$2.95		P.O. Box 30	01267							
			Austin, TX	78703							
	PURPOSE OF	(a)	Category (S	iee Categories listed at the top o	of this sche	dule)	(b)	Description			
	EXPENDITURE		Fees							ide of Texas. Complete Schedule T. , officeholder living expense	
								Online Contri			
	Ì							Stime Conti			
\vdash	Complete ONLY if direct	٢	:andidate/Offi	iceholder name		ffice sou	uaht			Office held	
	expenditure to benefit C/OF			iocholder natific	0	300	wynii			Omoc ricid	
\vdash									_		
	rmo provided by Tayas Fi										2010020

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

L	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 3/6 Rpt: 13/16	: 2 FILER NAME 3 Filer ID Morgan, Celia	
4	Date	5 Payee name	
Γ	04/04/2019	Donate Way	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.06	P.O. Box 301267	
L		Austin, TX 78703	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. C	•
		Online Contribution Fee	way or position
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office	held
⊨	Date		····
	04/02/2019	Payee name Donate Way	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.63		
	7 7		
		Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. C	
		Online Contribution Fee	
ı			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office	held
⊨	Date	Payee name	
	04/01/2019	Donate Way	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
ı	\$5.30		
	-	Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	9
	EXPENDITURE	Fees Check if travel outside of Texas, C Check if Austin, TX, officeholder In	
		Online Contribution Fee	
Г	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office	held
L	Experience to beliefe 0/01		
_			

SCHEDULE F1

Advertising Expense Accounting/Banking

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/W	opens ages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID
	Sch: 4/6 Rpt: 14/16	Morga	an, Celia					
4	Date	5 Payee	name					
	03/31/2019	Donat	te Way					
6	Amount (\$)	7 Payee	address; City;	State; Zip Co	de			
	\$1.89	P.O. E	30x 301267					
L		Austir	n, TX 78703					
8	PURPOSE OF		Ory (See Categories listed at the top of	this schedule)	(b)	Description		
	EXPENDITURE	Fees				_		ide of Texas, Complete Schedule T, , officeholder living expense
						Online Contri		
9	Complete ONLY if direct expenditure to benefit C/O		ate/Officeholder name	Office sou	ght			Office held
一	Date	Payee	name					
	03/31/2019		te Way					
Г	Amount (\$)	Payee	address; City;	State; Zip Co	de			
	\$2.95	P.O. E	Box 301267					
		Austir	ı, TX 78703					
Г	PURPOSE	(a) Catego	OTY (See Categories listed at the top of	this schedute)	(b)	Description		
	OF EXPENDITURE	Fees				_		ide of Texas, Complete Schedule T. , officeholder living expense
						Online Contri		
Г	Complete ONLY if direct		ate/Officeholder name	Office sou	ght			Office held
L	expenditure to benefit C/OI	п						
	Date	Payee	name			_		
	03/31/2019	Donat	e Way					
	Amount (\$)		address; City;	State; Zip Co	de			
	\$6.89	P.O. E	Box 301267					
L		Austin	ı, TX 78703					
	PURPOSE OF		OTY (See Categories listed at the top of	this schedule)	(b)	Description		ide of Towns Complete Schoolide T
	EXPENDITURE	Fees				بب		de of Texas. Complete Schedule T. officeholder living expense
l.						Online Contri	but	tion Fee
L								
	Complete ONLY if direct expenditure to benefit C/OI		te/Officeholder name	Office sou	ght			Office held
L								· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 5/6 Rpt: 15/16	Morgan, Celia
4	Date	5 Payee name
	03/31/2019	Donate Way
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.58	P.O. Box 301267
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	05	Online Contribution Fee
	72	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	{
	Date	Payee name
	03/30/2019	Donate Way
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.58	P.O. Box 301267
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Contribution Fee
		Oranic Contabbason 1 CC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Рауее пате
	04/01/2019	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.12	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Facebook Promotion
		I ACEDOCK I TOTTIONOTT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Polling Exp Printing Exp Salaries/W	oense ages/Contract Lab	oor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
4	Total pages Schedule F1:	2	EII EO MANE		ostpiodito i		ipiero tino ion		Files ID	_
*	Sch: 6/6 Rpt: 16/16		Morgan, Ce					3	Filer ID	
4	Date	5	Payee name							_
	04/10/2019		Hall, Matthe							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Cod	le			
	\$500.00		6503 Bluff 9	Springs Road						
			Apt 216							
			Austin, TX	78744						
8	() and Bar.) (See outedoing listed at the tob of this selfedule)									
l	OF EXPENDITURE	Consulting Expense								
ı									, officeholder living expense	
ı							Field Co	กรนแกยู	3	
L										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		andidate/Offi	iceholder name		Office soug	Jht		Office held	
Г	Date		Payee name							
ı	03/26/2019		Office Depo	ot						
r	Amount (\$)	Т	Payee addre	ss; City;	State;	Zip Co	de			
l	\$29.29		-	o Six Flags St E		•				
ı	,		Unit 210	3						
ı				V 76611						
┕		_	Arlington, T							
	PURPOSE OF			ee Categories listed at the to	op of this sche	edule)	(b) Description			
ı	EXPENDITURE		Printing Exp	pense					ide of Texas. Complete Schedule T. , officeholder living expense	
ı						i	Canvass			
							Carrage	J LIGE !		
H	Complete ONLY if direct		andidate/Off	iceholder name	C	Office sou	ıht		Office held	
	expenditure to benefit C/O	1								
	Date		Payee name	·····						
L	04/10/2019			ocratic Party						
	Amount (\$) Payee address; City; State; Zip Code									
	\$330.00		P.O. Box 1:	16						
ı										
		Austin, TX 78767								
	PURPOSE OF	(a)	Category (S	ee Categories listed at the to	op of this sche	edule)	(b) Description			
ı	EXPENDITURE		Fees						ide of Texas. Complete Schedule T.	
ı							Vote By		, officeholder living expense	
							vote by	iviali Fí	Ograin	
L		L_	£.						200 1 11	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	iceholder name	O	Office soug	iht		Office held	
L										
9									4	