

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. Sam W  
NICKNAME LAST SUFFIX  
Morgan

**OFFICE USE ONLY**

Date Received

12/4/2020 10:26:19 AM

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
10800 McCombs St., 24101, El Paso, TX 79924

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 915 ) 526-6076

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Ms Eula R  
NICKNAME LAST SUFFIX  
Carrasso

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
12473 Chamberlain Dr., Horizon City, TX 79928

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915 ) 777-4336

9 REPORT TYPE

January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Officeholder Only)  
 July 15       8th day before election       Exceeded Modified Reporting Limit       Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year      Month Day Year  
10/26/2020      THROUGH      12/04/2020

11 ELECTION

ELECTION DATE      ELECTION TYPE  
Month Day Year       Primary       Runoff       Other Description  
 General       Special  
12/12/2020

12 OFFICE

OFFICE HELD (if any)  
City Representative, District 4

13 OFFICE SOUGHT (if known)  
City Representative, District 4

**GO TO PAGE 2**

City Clerk Dept.  
12/4/2020 12:24:24 PM

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**  
Mr. Sam W Morgan

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,660.65
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 21,481.43
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,559.73
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000

**18 AFFIDAVIT**

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

Samuel W Morgan  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel W Morgan, this the 4 day of December, 2020, to certify which, witness my hand and seal of office.

**John Glendon**

---

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

City Clerk Dept.  
12/4/2020 12:24:24 PM

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>20</b> Filer ID (Ethics Commission Filers)
---	---

<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,670.58
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,481.45
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

City Clerk Dept.  
12/4/2020 12:24:24 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**7**

**2** FILER NAME

Mr. Sam W Morgan

**3** Filer ID (Ethics Commission Filers)

**4** Date

11/19/2020

**5** Full name of contributor

Kenny Davis

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

10433 Allway Dr, El Paso Texas 79935

**7** Amount of contribution (\$)

9.93

**8** Principal occupation / Job title (See Instructions)

Teacher

**9** Employer (See Instructions)

Irvin High School

Date

11/03/2020

Full name of contributor

Kenny Davis

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

10433 Allway Dr., El Paso TX 79935

Amount of contribution (\$)

9.93

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Irvin High School

Date

11/13/2020

Full name of contributor

Kenny Davis

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

10433 Allway Dr., El Paso TX 79935

Amount of contribution (\$)

9.93

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Teacher

Date

12/01/2020

Full name of contributor

Kenny Davis

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

10433 Allway Dr., El Paso TX 79935

Amount of contribution (\$)

9.93

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Irving High School

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**7**

**2** FILER NAME

Mr. Sam W Morgan

**3** Filer ID (Ethics Commission Filers)

**4** Date

11/16/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mark Andrew Smith DBA Smith Public Affairs

**6** Contributor address; City; State; Zip Code

219 E. Mills El Paso, PMB No. 334 TX 79901

**7** Amount of contribution (\$)

250

**8** Principal occupation / Job title (See Instructions)

Public Affairs

**9** Employer (See Instructions)

Smith Public Affairs

Date

11/19/2020

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

Eduardo Rodriquez

Contributor address; City; State; Zip Code

5553 Mira Serena Drive El Paso, TX 79912

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

11/19/2020

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

Demetrio & Leticia Jimenez

Contributor address; City; State; Zip Code

617 Forest Willow Circle El Paso, Texas 79922

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Tropicana Properties

Date

11/19/2020

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

Oscar Venegas

Contributor address; City; State; Zip Code

1919 Rio Grande El Paso, TX 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Businessmen

Employer (See Instructions)

VEMAC

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

City Clerk Dept.  
12/4/2020 12:24:24 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**7**

**2** FILER NAME

Mr. Sam W Morgan

**3** Filer ID (Ethics Commission Filers)

**4** Date

11/16/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dan W Olivas DBA Speaking for your Destiny

**6** Contributor address; City; State; Zip Code

240 Thunderbird Ste D El Paso, TX 79912

**7** Amount of contribution (\$)

500

**8** Principal occupation / Job title (See Instructions)

Owner

**9** Employer (See Instructions)

Self Employed

Date

11/24/2020

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

Eva Bartholomew

Contributor address; City; State; Zip Code

3104 Judson, N Las Vegas, NV 89030

Amount of contribution (\$)

970.4

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

11/25/2020

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

Kathy & Raymond Palacios

Contributor address; City; State; Zip Code

5025 Meadowlark Dr El Paso TX 79922

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Bravo Cadillac

Date

11/17/2020

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

El Paso Association of Fire Fighters Local 51

Contributor address; City; State; Zip Code

3112 Forney Drive El Paso, TX 79935

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

PAC

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**7**

**2** FILER NAME

Mr. Sam W Morgan

**3** Filer ID (Ethics Commission Filers)

**4** Date

11/16/2020

**5** Full name of contributor

Irene Epperson

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

5400 Silent Sun Ln El Paso TX 79912

**7** Amount of contribution (\$)

1000

**8** Principal occupation / Job title (See Instructions)

Management

**9** Employer (See Instructions)

Jobeco Materials

Date

11/16/2020

Full name of contributor

Maria F Teran

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

4804 Villa Encanto El Paso, TX 79922

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Sierra Machinery

Date

11/12/2020

Full name of contributor

Reforma

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

510 N Mesa Unit 401 El Paso, TX 79901

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

Owner

Date

11/10/2020

Full name of contributor

Robert L Bowling IV

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

457 San Clemente El Paso, TX 79912-6431

Amount of contribution (\$)

1250

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Tropicana

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

City Clerk Dept.  
12/4/2020 12:24:24 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**7**

**2** FILER NAME

Mr. Sam W Morgan

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
11/10/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Randall J Bowling  
**6** Contributor address; City; State; Zip Code  
6504 Contessa Ridge El Paso, TX 79912

**7** Amount of contribution (\$)  
  
1250

**8** Principal occupation / Job title (See Instructions)  
Real Estate

**9** Employer (See Instructions)  
Tropicana

Date  
  
11/27/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Woody Hunt  
Contributor address; City; State; Zip Code  
P.O Box 12567 El Paso, TX 79913

Amount of contribution (\$)  
  
2500

Principal occupation / Job title (See Instructions)  
Real Estate

Employer (See Instructions)  
Hunt Companies

Date  
  
11/19/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Raymond A Mc Daniels  
Contributor address; City; State; Zip Code  
64 N Faros St. Philadelphia, PA 19139

Amount of contribution (\$)  
  
2500

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
  
11/16/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Stanley Jobe  
Contributor address; City; State; Zip Code  
1150 Southview Dr. El Paso TX 79928

Amount of contribution (\$)  
  
2500

Principal occupation / Job title (See Instructions)  
Owner

Employer (See Instructions)  
Jobe Materials

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

City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**7**

**2** FILER NAME

Mr. Sam W Morgan

**3** Filer ID (Ethics Commission Filers)

**4** Date

12/05/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ben Bass

**6** Contributor address; City; State; Zip Code

1208 Myrtle Ave, El Paso, TX 79901

**7** Amount of contribution (\$)

58.18

**8** Principal occupation / Job title (See Instructions)

Advocate

**9** Employer (See Instructions)

El Paso Alliance

Date

11/20/2020

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

George Deitch

Contributor address; City; State; Zip Code

3800 N Mesa St, El Paso, TX 79912

Amount of contribution (\$)

242.45

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Anytime Fitness

Date

11/27/2020

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

Eileen Karlsruher

Contributor address; City; State; Zip Code

1845 Northwestern Drive Suite C El Paso, TX, 79912

Amount of contribution (\$)

300.93

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

CSA Design Group

Date

11/06/2020

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

Charles Ellis

Contributor address; City; State; Zip Code

520 West Soledad Ave. Ste 344, GU 96910

Amount of contribution (\$)

485.2

Principal occupation / Job title (See Instructions)

Special Agent

Employer (See Instructions)

US Marshal

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

City Clerk Dept.  
12/4/2020 12:24:24 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**7**

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/2020

5 Full name of contributor

Carlos Lewis

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

12261 Sitting Bull Dr El Paso, TX 79936

7 Amount of contribution (\$)

96.8

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

11/16/2020

Full name of contributor

Andrew Dominguez

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

123 W Mills Ave El Paso TX 79901

Amount of contribution (\$)

1456.2

Principal occupation / Job title (See Instructions)

Development Officer

Employer (See Instructions)

Vertical One

Date

10/30/2020

Full name of contributor

Carlos Perez Jr

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

310 N Mesa St Suite 815, El Paso, TX 79901

Amount of contribution (\$)

970.4

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Mission Real Estate Group

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

0

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

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)

Date

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

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 (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
0

2 FILER NAME  
Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan      7 Name of lender       out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

6 Is lender a financial Institution?  
Y    N

8 Lender address;      City;      State;      Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
 none

15  Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
.....  
18 Guarantor address;      City;      State;      Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan      Name of lender       out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial Institution?  
Y    N

Lender address;      City;      State;      Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
.....  
Guarantor address;      City;      State;      Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

City Clerk Dept.  
12/4/2020 12:24:24 PM

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/01/2020</b>	<b>5</b> Payee name <b>Wego Marketing</b>	
<b>6</b> Amount (\$) <b>650</b>	<b>7</b> Payee address; City; State; Zip Code <b>5959 Gateway Suite 323, El Paso TX 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Marketing</b>	<b>(b)</b> Description <b>Marketing</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam W. Morgan</b>	Office sought <b>City Representative Distr</b>
		Office held <b>City Representative D</b>
Date <b>11/27/2020</b>	Payee name <b>Go Direct Marketing</b>	
Amount (\$) <b>6482.2</b>	Payee address; City; State; Zip Code <b>8400 Boeing Drive El Paso TX 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>Mailer</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep District 4</b>
		Office held <b>City Rep District 4</b>
Date <b>11/16/2020</b>	Payee name <b>Go Direct</b>	
Amount (\$) <b>3789.33</b>	Payee address; City; State; Zip Code <b>8400 Boeing Drive El Paso, TX 79926</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>Mailer</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/30/2020</b>	<b>5</b> Payee name <b>Manuel Dial Co.</b>	
<b>6</b> Amount (\$) <b>2484.35</b>	<b>7</b> Payee address; City; State; Zip Code <b>1527 S Cooper St., Arlington, Texas, 76010</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Marketing</b>	<b>(b)</b> Description <b>Text Messaging</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>12/01/2020</b>	Payee name <b>Manual Dial Co</b>	
Amount (\$) <b>2028.9</b>	Payee address; City; State; Zip Code <b>1527 S Cooper St., Arlington, Texas, 76010</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>Text Messaging</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>11/27/2020</b>	Payee name <b>Townsquare Media</b>	
Amount (\$) <b>2000</b>	Payee address; City; State; Zip Code <b>4180 N Mesa St, El Paso, TX 79902</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>Geofencing/OTT</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/06/2020</b>	<b>5</b> Payee name <b>Wego Marketing</b>	
<b>6</b> Amount (\$) <b>1500</b>	<b>7</b> Payee address; City; State; Zip Code <b>5959 Gateway Suite 323, El Paso TX 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Marketing</b>	<b>(b)</b> Description <b>Marketing</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>11/17/2020</b>	Payee name <b>Wego Marketing</b>	
Amount (\$) <b>500</b>	Payee address; City; State; Zip Code <b>5959 Gateway Suite 323, El Paso TX 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>Marketing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>10/27/2020</b>	Payee name <b>Wego Marketing</b>	
Amount (\$) <b>500</b>	Payee address; City; State; Zip Code <b>5959 Gateway Suite 323, El Paso TX 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>Marketing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/03/2020</b>	<b>5</b> Payee name <b>Wego Marketing</b>	
<b>6</b> Amount (\$) <b>500</b>	<b>7</b> Payee address; City; State; Zip Code <b>5959 Gateway Suite 323, El Paso TX 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Marketing</b>	<b>(b)</b> Description <b>Marketing</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>11/17/2020</b>	Payee name <b>Oval Printing</b>	
Amount (\$) <b>487.71</b>	Payee address; City; State; Zip Code <b>139 Chelsea St, El Paso, TX 79905</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>Door Hangers</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>11/02/2020</b>	Payee name <b>Voice Broadcasting</b>	
Amount (\$) <b>84.26</b>	Payee address; City; State; Zip Code <b>1527 S Cooper St, Arlington, TX 76010</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>Robocalls</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/05/2020</b>	<b>5</b> Payee name <b>Voice Broadcasting</b>	
<b>6</b> Amount (\$) <b>133.08</b>	<b>7</b> Payee address; City; State; Zip Code <b>1527 S Cooper St, Arlington, TX 76010</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Marketing</b>	<b>(b)</b> Description <b>Robocalls</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>11/12/2020</b>	Payee name <b>My Creative Shop</b>	
Amount (\$) <b>76.19</b>	Payee address; City; State; Zip Code <b>3003 32nd Ave S Fargo, N Dakota 58104</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>Call Cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>11/30/2020</b>	Payee name <b>Lowes</b>	
Amount (\$) <b>61.72</b>	Payee address; City; State; Zip Code <b>4531 Woodrow Bean Transmountain, El Paso, TX 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Supplies</b>	Description <b>Signage mounting supplies</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/12/2020</b>	<b>5</b> Payee name <b>Campaign Partner</b>	
<b>6</b> Amount (\$) <b>49</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 118 Still River, MA 01467</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Website</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>11/03/2020</b>	Payee name <b>Lowes</b>	
Amount (\$) <b>34.06</b>	Payee address; City; State; Zip Code <b>4531 Woodrow Bean Transmountain, El Paso, TX 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Supplies</b>	Description <b>Signage mounting supplies</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>10/26/2020</b>	Payee name <b>Lowes</b>	
Amount (\$) <b>32.09</b>	Payee address; City; State; Zip Code <b>4531 Woodrow Bean Transmountain, El Paso, TX 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Signage</b>	Description <b>Signage mounting supplies</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/25/2020</b>	<b>5</b> Payee name <b>Lowes</b>	
<b>6</b> Amount (\$) <b>20.66</b>	<b>7</b> Payee address; City; State; Zip Code <b>4531 Woodrow Bean Transmountain, El Paso, TX 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Signage</b>	<b>(b)</b> Description <b>Signage mounting supplies</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>12/01/2020</b>	Payee name <b>My Creative Shop</b>	
Amount (\$) <b>19.95</b>	Payee address; City; State; Zip Code <b>3003 32nd Ave S Fargo, N Dakota 58104</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>Mailer Design</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>11/02/2020</b>	Payee name <b>My Creative Shop</b>	
Amount (\$) <b>19.95</b>	Payee address; City; State; Zip Code <b>3003 32nd Ave S Fargo, N Dakota 58104</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Print</b>	Description <b>Mailer Design</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/01/2020</b>	<b>5</b> Payee name <b>YouMail</b>	
<b>6</b> Amount (\$) <b>13.99</b>	<b>7</b> Payee address; City; State; Zip Code <b>43 Corporate Park, Suite 200 Irvine, CA 92606</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Phone</b>	<b>(b)</b> Description <b>Phone</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date <b>11/02/2020</b>	Payee name <b>YouMail</b>	
Amount (\$) <b>13.99</b>	Payee address; City; State; Zip Code <b>43 Corporate Park, Suite 200 Irvine, CA 92606</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Phone</b>	Description <b>Phone</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sam Morgan</b>	Office sought <b>City Rep Dist 4</b>
		Office held <b>City Rep Dist 4</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 0	<b>2</b> FILER NAME Mr. Sam W Morgan	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input 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)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### 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 F4: 0	<b>2</b> FILER NAME Mr. Sam W Morgan	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<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	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>0</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <b>0</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>0</b>	<b>2</b> FILER NAME <b>Mr. Sam W Morgan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address;	City	State	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
---	---	---

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

<b>4</b> Date	<b>5</b> Name of person from whom amount is received	<b>8</b> Amount (\$)
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code	
	<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:  
0

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Mr. Sam W Morgan

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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