

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	OFFICE USE ONLY Date Received CITY CLERK DEPT 2020 OCT 6 AM 11:00	
	NICKNAME LAST SUFFIX Doctor Morgan		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10800 McCombs St., 24101, El Paso, TX 79924		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 5266076	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Eula R	Receipt #	Amount \$
	NICKNAME LAST SUFFIX Carrasso	Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12473 Chamberlain Dr., Horizon City, TX 79928		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 7774336		
9 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 (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2020 THROUGH 09/24/2020		
11 ELECTION	ELECTION DATE Month Day Year 11/03/2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City Representative, District 4	13 OFFICE SOUGHT (if known) City Representative, District 4	

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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	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS


Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8481.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7590.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9625.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

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 **6** day of **October**, 20**20**, to certify which, witness my hand and seal of office.

John K. Glendon
Printed name of officer administering oath

Deputy City Clerk
Title of officer administering oath

Signature of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mr. Sam W Morgan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8481.00
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		\$ 7590.82
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		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

09/10/2020

5 Full name of contributor

Abel Legaspy

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

5737 Burning Tree Dr, El Paso, TX 79912

7 Amount of contribution (\$)

156.07

8 Principal occupation / Job title (See Instructions)

Management

9 Employer (See Instructions)

Self Employed

Date

09/26/2020

Full name of contributor

Abeni Merriweather

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

PO Box 640022, El Paso, TX 79904

Amount of contribution (\$)

31.19

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Unemployed

Date

09/17/2020

Full name of contributor

Andrew Brosowsky

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

3304 Poquita Ct, El Paso, TX 79904

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Retired US Army

Employer (See Instructions)

Retired US Army

Date

08/14/2020

Full name of contributor

Bhaskar Rao

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

1213 Turnberry Rd, El Paso, TX 79912

Amount of contribution (\$)

519.52

Principal occupation / Job title (See Instructions)

Medical Doctor

Employer (See Instructions)

Providence

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:
6

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

08/21/2020

5 Full name of contributor

Cecilia Dominguez

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

6 Contributor address;

City;

State;

Zip Code

11352 H P Martinez Way, El Paso, TX 79934

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Tower

Date

09/19/2020

Full name of contributor

Charles Ellis

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

Contributor address;

City;

State;

Zip Code

520 West Soledad Ave, Ste 344, GU 96910

Amount of contribution (\$)

519.52

Principal occupation / Job title (See Instructions)

Special Agent

Employer (See Instructions)

U.S. Marshals

Date

09/11/2020

Full name of contributor

David Green

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

Contributor address;

City;

State;

Zip Code

8208 Antero Pl, El Paso, TX 79904

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date

07/15/2020

Full name of contributor

Dexter Brookins

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

Contributor address;

City;

State;

Zip Code

117 WESTERN RIDGE CIR, MS 39046

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

US Army Retired

Employer (See Instructions)

US Army Retired

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:
6

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

09/08/2020

5 Full name of contributor

Eva Morgan

out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

3104 Judson, N. Las Vegas, NV 89030

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

07/22/2020

Full name of contributor

Larry Sanchez

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1540 rosenbuam, El Paso, TX 79912

Amount of contribution (\$)

41.85

Principal occupation / Job title (See Instructions)

Master Chief

Employer (See Instructions)

US Air Force

Date

07/18/2020

Full name of contributor

Larry Walker

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

4756 Robert Acosta, El Paso, TX 79934

Amount of contribution (\$)

21.08

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date

08/19/2020

Full name of contributor

Will McRae

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

813 Wildsage Ct, El Paso, TX 79932

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Analyst

Employer (See Instructions)

US ARMY

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:
6

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

07/16/2020

5 Full name of contributor

Richard Zambrano

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

6 Contributor address;

City;

State;

Zip Code

8509 Shaver dr. El Paso, TX 79925

7 Amount of contribution (\$)

52.23

8 Principal occupation / Job title (See Instructions)

Safety Coordinator

9 Employer (See Instructions)

TXDOT

Date

08/09/2020

Full name of contributor

Rhonda Brown

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

Contributor address;

City;

State;

Zip Code

10871 Loma De Alma, El Paso, TX 79934

Amount of contribution (\$)

10.7

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

EPCC

Date

09/15/2020

Full name of contributor

Marcia Heller

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

Contributor address;

City;

State;

Zip Code

7764 Cedar Breaks Ln, El Paso, TX 79904

Amount of contribution (\$)

311.84

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Real Estate

Date

07/31/2020

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 (\$)

52.23

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Irvin 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:
6

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

08/31/2020

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

Kenny Davis

6 Contributor address; City; State; Zip Code

10433 Allway Dr, El Paso, TX 79935

7 Amount of contribution (\$)

52.23

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

Irvin HS

Date

07/30/2020

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

Kenny Davis

Contributor address; City; State; Zip Code

10433 Allway Dr., El Paso, TX 79935

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Irvin HS

Date

08/20/2020

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

Linebarger Goggan

Contributor address; City; State; Zip Code

PO BOX 17428

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Linebarger Goggan Blair & Sampson, LLP

Date

09/25/2020

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

Robert Wingo

Contributor address; City; State; Zip Code

1021 Los Jardines Cir, El Paso, TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

Wingo & Sanders

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:

6

2 FILER NAME

Mr. Sam W Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

09/25/2020

5 Full name of contributor

E.C. Houghton, Jr.

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

6 Contributor address;

City;

State;

Zip Code

210 N. Campbell, El Paso, TX 79901

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Consulting

9 Employer (See Instructions)

Houghton Financial Partners

Date

09/24/2020

Full name of contributor

Dori Fenenback

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

Contributor address;

City;

State;

Zip Code

405 CAMINO REAL AVE, El Paso, TX 79922

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

TXVS

Date

09/17/2020

Full name of contributor

Emily Sanchez

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

Contributor address;

City;

State;

Zip Code

201 Lawton, El Paso, TX 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Unemployed

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 <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> 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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$
	7 Pledgor address; City; State; Zip Code	9 In-kind contribution description
<input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> 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

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

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

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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.

POLITICAL EXPENDITURES MADE 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: 2	2 FILER NAME Mr. Sam W Morgan	3 Filer ID (Ethics Commission Filers)
4 Date 07/10/2020	5 Payee name Campaign Partners	
6 Amount (\$) 49	7 Payee address; City; State; Zip Code PO BOX 118 STILL RIVER, MA 01467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WEBSITE	(b) Description ADVERTISING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sam Morgan	Office sought City Rep. District 4
		Office held City Rep. District 4
Date 08/10/2020	Payee name Campaign Partners	
Amount (\$) 49	Payee address; City; State; Zip Code PO BOX 118 STILL RIVER, MA 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Advertising
	<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 Sam Morgan	Office sought City Rep. District 4
		Office held City Rep. District 4
Date 09/10/2020	Payee name Campaign Partners	
Amount (\$) 49	Payee address; City; State; Zip Code PO BOX 118 STILL RIVER, MA 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Advertisement
	<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 Sam Morgan	Office sought City Rep. District 4
		Office held City Rep. district 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 2	2 FILER NAME Mr. Sam W Morgan	3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2020	5 Payee name Go Direct Marketing	
6 Amount (\$) 3587.02	7 Payee address; City; State; Zip Code 8400 Boeing Dr, El Paso, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing	(b) Description Mailers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sam Morgan	Office sought City Rep District 4
		Office held City Rep District 4
Date 09/01/2020	Payee name Go Direct	
Amount (\$) 3856.81	Payee address; City; State; Zip Code 8400 Boeing Dr, El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Mailer
	<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 Sam Morgan	Office sought City Rep District 4
		Office held City Rep District 4
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F2: 0	2 FILER NAME Mr. Sam W Morgan	3 Filer ID (Ethics Commission Filers)
---	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	-----------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

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

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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.

1 Total pages Schedule F4: 0	2 FILER NAME Mr. Sam W Morgan	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

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

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address;	City;	State;	Zip Code
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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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Date	Business name
------	---------------

Amount (\$)	Business address;	City;	State;	Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME Mr. Sam W Morgan	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	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
PURPOSE OF EXPENDITURE	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
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received 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 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 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 Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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