# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr Samuel	W	
IVAIVIL	NICKNAME LAST	SUFFIX	Date Received
	Morgan		10/26/2020 4:41:52 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 10800 McCombs St., #24101, E	EITY; STATE; ZIP CODE EI Paso, TX 79924	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 915 ) 5266076	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST  Mrs Eula	MI	Receipt # Amount \$
NAME	Mrs. Eula	R	Date Processed
	Carrasco	20	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 12473 Chamberlain Dr. Horizo		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915 ) 777-4336	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 09/24/2020	THROUGH 10/26	Day Year <b>/2020</b>
11 ELECTION	ELECTION DATE  Month Day Year	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
	City Rep., District 4	City Rep., District	4
	GO TO	PAGE 2	

# City Clerk Dept. 10/26/2020 4:46:48 PM

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)		
Mr Samuel W Mor	gan				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN A PART OF THE SET	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,495.98		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.				
	4. TOTAL POLITICAL EXPENDITURES \$ 14,844.90				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 7,634.34				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI AY OF THE REPORTING PERIOD	\$ 1,000		
18 AFFIDAVIT					
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Samuel W Morgan			
		Signature of Candi	date or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsci	ribed before me, b	by the said Samuel W Morgan	, this the		
day of October		to certify which, witness my hand and seal of office.			
	I	Mary Katz			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Fi	lers)
Mr Samuel W Morgan		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		TOTAL OUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9495	5.98
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 1484	4.90
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS \$ 1000	)
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED \$	

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME Mr Samuel V	V Morgan		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC The El Paso Association of Firefighter	,	7 Amount of contribution (\$)	
09/25/2020	6 Contributor address; City; 3112 Forney Dr. El Paso, TX 79935	State; Zip Code	2500	
8 Principal occu PAC	pation / Job title (See Instructions)	9 Employer (See Instruction PAC	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
09/28/2020	Franklin T. Barker  Contributor address;  City;	State; Zip Code	100	
	5823 N. Mesa Unit 203 El Paso, TX	79912		
Principal occup Accountant	pation / Job title (See Instructions)	Employer (See Instruction (Self-employed) Ta		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
09/29/2020	Duane E. Murphy and Fabiola Murph Contributor address; City;	ny-Ayala State; Zip Code	500	
	11333 Rojas Drive, El Paso, TX 7993			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Logistics	ctions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
09/29/2020	Kathy Palacios and Raymond Palaci Contributor address; City;	State; Zip Code	500	
	5025 Meadowlark Dr. El Paso, Texas			
Principal occupation / Job title (See Instructions)  Chief Executive Officer  Employer (See Instructions)  Bravo Chevrolet Cadillac				
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instru			

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Mr Samuel V	V Morgan		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAG  Dan W Olivas	C (ID#:)	7 Amount of contribution (\$)
10/05/2020	6 Contributor address; City; 240 Thunderbird Dr. Ste D. El Paso,	State; Zip Code	500
8 Principal occu Business Ow	pation / Job title (See Instructions)  /ner	9 Employer (See Instruction Self- Employed	etions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/08/2020	El Paso Apartment Association (PAC Contributor address; City; 5730 E. Paisano El Paso, TX 79925	State; Zip Code	500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/08/2020	Ruby Imai  Contributor address; City;	State; Zip Code	300
	7764 Cedar Breaks Ln El Paso, TX	1	
Broker	pation / Job title (See Instructions)	Hi Vivid Ventures L	•
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/09/2020	J. Kirk Robison  Contributor address; City;  4445 N. Mesa Ste. 100, El Paso TX	State; Zip Code	500
Principal occupation / Job title (See Instructions)  Business Owner  Employer (See Instructions)  Self-employed			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED

MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Mr Samuel W	/ Morgan		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2020	5 Full name of contributor out-of-state PA Emil Heller 6 Contributor address; City; 4512 Lazy Willow El Paso TX, 7992	7 Amount of contribution (\$) 300	
8 Principal occup Broker	pation / Job title (See Instructions)	9 Employer (See Instruction Associated Property	
Date 10/13/2020	Full name of contributor out-of-state PA  Kathy French  Contributor address; City;  11353S. Ranch Ct. El Paso, TX 799	State; Zip Code	Amount of contribution (\$) 49.13
Principal occup  Judge	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 10/03/2020	Full name of contributor out-of-state PA  Douglas Schwartz  Contributor address; City;  P.O. Box 13611 El Paso, TX 79913	State; Zip Code	Amount of contribution (\$) 970.7
Principal occup	pation / Job title (See Instructions)  Developer	Employer (See Instruction Self- Southwest La	
Date	Full name of contributor		Amount of contribution (\$)
09/17/2020	Contributor address; City; 5415 Connor's Lane El Paso, TX 79	State; Zip Code	100
Principal occup  Marketing	pation / Job title (See Instructions)	Employer (See Instruc Townsquare Media	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS A	JEEDED

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

### Principal occupation / Job title (See Instructions)    Part	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Lance Lehr  6 Contributor address; City; State; Zip Code 6923 La Cadena R. El Paso, TX 79912  8 Principal occupation / Job title (See Instructions) Independent Consultant  Date  Full name of contributor  Charles Ellis  Contributor address; City; State; Zip Code 520 West Soledad Ave. Ste. 344, GU 96910  Principal occupation / Job title (See Instructions)  Special Agent  Date  Full name of contributor  Omar Marcia  Contributor address; City; State; Zip Code 520 Contributor dout-of-state PAC (ID#:				3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions) Independent Consultant  Date  Full name of contributor  Charles Ellis  Contributor address; 520 West Soledad Ave. Ste. 344, GU 96910  Principal occupation / Job title (See Instructions)  Special Agent  Date  Full name of contributor  Charles Ellis  Contributor address; 520 West Soledad Ave. Ste. 344, GU 96910  Principal occupation / Job title (See Instructions)  Special Agent  Date  Full name of contributor  Omar Marcia  Contributor address; City; State; Zip Code  Jus. Marshals  Amount of contribution (\$)  Omar Marcia  Contributor address; City; State; Zip Code  200  1512 Babe Hiskey El Paso, TX 79936  Principal occupation / Job title (See Instructions)  Business Owner  Pull name of contributor  Oscar Venegas  Contributor address; City; State; Zip Code  250  Amount of contribution (\$)  Oscar Venegas  Contributor address; City; State; Zip Code  250  Employer (See Instructions)  Employer (See Instructions)	4 Date		C (ID#:)	7 Amount of contribution (\$)
Independent Consultant  Date  Full name of contributor  Charles Ellis  10/23/2020  Contributor address;  520 West Soledad Ave. Ste. 344, GU 96910  Principal occupation / Job title (See Instructions)  Special Agent  Date  Full name of contributor  Omar Marcia  Contributor address;  City;  State;  Zip Code  496.36  Employer (See Instructions)  U.S. Marshals  Date  Full name of contributor  Omar Marcia  Contributor address;  City;  State;  Zip Code  200  1512 Babe Hiskey El Paso, TX 79936  Principal occupation / Job title (See Instructions)  Business Owner  Pate  Full name of contributor  Oscar Venegas  Contributor address;  City;  State;  Zip Code  200  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Business Owner  Pate  Full name of contributor  Oscar Venegas  Contributor address;  City;  State;  Zip Code  250  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	09/15/2020		•	250
Charles Ellis  Contributor address; City; State; Zip Code 520 West Soledad Ave. Ste. 344, GU 96910  Principal occupation / Job title (See Instructions)  Special Agent  Date Full name of contributor out-of-state PAC (ID#:				ctions)
Contributor address; City; State; Zip Code  520 West Soledad Ave. Ste. 344, GU 96910  Principal occupation / Job title (See Instructions)  Special Agent  Date  Full name of contributor  Omar Marcia  Contributor address; City; State; Zip Code  1512 Babe Hiskey El Paso, TX 79936  Principal occupation / Job title (See Instructions)  Business Owner  Full name of contributor  Oscar Venegas  Contributor address; City; State; Zip Code  Full name of contributor  Oscar Venegas  Contributor address; City; State; Zip Code  Full name of contributor  Oscar Venegas  Contributor address; City; State; Zip Code  Employer (See Instructions)  Recon Security  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	Date		; (ID#:)	Amount of contribution (\$)
Date  Full name of contributor  Omar Marcia Contributor address; City; State; Zip Code 1512 Babe Hiskey El Paso, TX 79936  Principal occupation / Job title (See Instructions)  Business Owner  Date  Full name of contributor  Oscar Venegas Contributor address; City; State; Zip Code Contributor out-of-state PAC (ID#:	10/23/2020	Contributor address; City;	•	496.36
Omar Marcia Contributor address; City; State; Zip Code 1512 Babe Hiskey El Paso, TX 79936  Principal occupation / Job title (See Instructions) Business Owner  Employer (See Instructions) Recon Security  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Oscar Venegas  Contributor address; City; State; Zip Code 6321 Camino Nogal El Paso TX 79932  Principal occupation / Job title (See Instructions) Employer (See Instructions)				otions)
10/21/2020 Contributor address; City; State; Zip Code 200  1512 Babe Hiskey El Paso, TX 79936  Principal occupation / Job title (See Instructions)  Business Owner Recon Security  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Oscar Venegas  Contributor address; City; State; Zip Code 250  6321 Camino Nogal El Paso TX 79932  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Business Owner    Employer (See Instructions)   Recon Security	10/21/2020	Contributor address; City;		200
Date  Full name of contributor	· ·	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Oscar Venegas Contributor address; City; State; Zip Code 6321 Camino Nogal El Paso TX 79932  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Business O	wner	Recon Security	ı
10/07/2020 Contributor address; City; State; Zip Code 250 6321 Camino Nogal El Paso TX 79932  Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	10/07/2020	Contributor address; City;	•	250
			32	
				ctions)

The	Instruction Cuide symboling how to complete this	form	1 Total pages Schedule A1:
	Instruction Guide explains how to complete this	o form.	7
2 FILER NAME Vr Samuel V			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Full name of contributor  out-of-state PAC Hi VIvid Ventures LLC	C (ID#:)	7 Amount of contribution (\$)
10/08/2020	6 Contributor address; City; 7754 Cedar Breaks Ln El Paso, TX 7	State; Zip Code	300
8 Principal occu Business	upation / Job title (See Instructions)	9 Employer (See Instruction Business	ctions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/15/2020	Antonio F Lewis and Maria Angie Le Contributor address; City; 9473 E. Taulbee Drive El Paso, TX 7	State; Zip Code	250
Principal occu Business Ov	pation / Job title (See Instructions)	Employer (See Instruc Tony Lewis Collision	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/15/2020	James F Scherr Contributor address; City;	State; Zip Code	250
	109 N Oregon St Ste 1200 El Paso,	TX 79901	
Principal occu Attorney	pation / Job title (See Instructions)	Scherr Legate PLL	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/19/2020	Bessie Moffett Darty Contributor address; City;	State; Zip Code	50
	2808 HWY 528 Heidelberg, MS 3943	39	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction None	ctions)

### Samuel W Morgan  ### Date   S Full name of contributor   out-of-state PAC (ID#:	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
Stephen Franzoni and Monica Franzoni  10/15/2020				
### Af74 Brighton Lane EI Paso, TX 79902  ### Principal occupation / Job title (See Instructions)  ### Program Analyst    Date	4 Date	_ out or out or vicio 1710	•	7 Amount of contribution (\$)
Program Analyst  Date  Full name of contributor  Mattie L Leverett  10/19/2020  Contributor address; City; State; Zip Code 24 County Road Heidelberg, MS 39439  Principal occupation / Job title (See Instructions)  Retired  None  Date  Full name of contributor  Kenny Davis  Contributor address; City; State; Zip Code None  Date  Full name of contributor  Contributor out-of-state PAC (ID#:	10/15/2020		•	500
Mattie L Leverett  Contributor address; City; State; Zip Code 24 County Road Heidelberg, MS 39439  Principal occupation / Job title (See Instructions)  Retired  Date  Full name of contributor  Kenny Davis  Contributor address; City; State; Zip Code 10/01/2020  Contributor address; City; State; Zip Code 10/433 Allway Dr. El Paso TX 79935  Principal occupation / Job title (See Instructions)  Teacher  Date  Full name of contributor  Irvin HS  Full name of contributor  Contributor address; City; State; Zip Code Irvin HS  Date  Full name of contributor  Contributor address; City; State; Zip Code Instructions)  Full name of contributor  Contributor address; City; State; Zip Code 10/08/2020  Contributor address; City; State; Zip Code 10/433 Allway Drive, El Paso, TX 79935  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	•			ctions)
Contributor address; City; State; Zip Code 24 County Road Heidelberg, MS 39439  Principal occupation / Job title (See Instructions) Retired  Date Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor  ut-of-state PAC	C (ID#:)	Amount of contribution (\$)
Retired    Date   Full name of contributor   out-of-state PAC (ID#:	10/19/2020	Contributor address; City;	•	100
Kenny Davis Contributor address; City; State; Zip Code 10/01/2020  Principal occupation / Job title (See Instructions) Teacher  Date Full name of contributor Kenny Davis  Contributor address; City; State; Zip Code Irvin HS  Amount of contribution (\$)  Kenny Davis Contributor address; City; State; Zip Code 10/08/2020 Contributor address; City; State; Zip Code 10/433 Allway Drive, El Paso, TX 79935  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occu Retired	pation / Job title (See Instructions)	1 1 1	otions)
10/01/2020 Contributor address; City; State; Zip Code 9.93  Principal occupation / Job title (See Instructions)  Teacher  Date  Full name of contributor  Kenny Davis  Contributor address; City; State; Zip Code  Out-of-state PAC (ID#:	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Teacher    Employer (See Instructions)   Irvin HS	10/01/2020	Contributor address; City;	State; Zip Code	9.93
Teacher    Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of contribution (\$)   Kenny Davis   Contributor address; City; State; Zip Code   9.93   10433 Allway Drive, El Paso, TX 79935   Principal occupation / Job title (See Instructions)   Employer (See Instructions)	Principal occu	<u> </u>	Employer (See Instru	rtions)
10/08/2020 Kenny Davis Contributor address; City; State; Zip Code 10433 Allway Drive, El Paso, TX 79935  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	•	pation / oob title (oce mandellons)	1 1	20013)
10/08/2020 Contributor address; City; State; Zip Code 9.93  10433 Allway Drive, El Paso, TX 79935  Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	10/08/2020		State; Zip Code	9.93
		10433 Allway Drive, El Paso, TX 799	935	
		pation / Job title (See Instructions)		ctions)

MONE	TARY POLITICAL CONT	RIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME Mr Samuel V			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state  Kenny Davis	PAC (ID#:)	7 Amount of contribution (\$)
10/22/2020	6 Contributor address; City; 10433 Allway Dr. El Paso, TX 799	State; Zip Code	9.93
8 Principal occu Teacher	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPII	·	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
<sup>2</sup> FILER NAMI Mr Samuel			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor	)	8 Amount of 9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL CODICS OF T	THIS SCHED!	II E AS NEEDED
	ATTACH ADDITIONAL COPIES OF T	LIO SCHEDI	JLE AO NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedu	ule B:
<sup>2</sup> FILER NAME Mr Samuel V	V Morgan		3 Filer ID (Ethics Co	ommission 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; Sta	ate; Zip Code		· · · ·
			Check if travel outsi	de of Texas. Complete Schedule T.
<b>10</b> Principal occu	pation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		· · · ·
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / 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 outsi	de of Texas. Complete Schedule T.
Principal occup	ation / 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				
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:	
2 FILER NAME Mr Samuel W N	Morgan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UI	NITEMIZED LOANS		\$ 1000.00	
5 Date of loan 09/30/2020	7 Name of lender □ out-of-state Samuel Morgan	e PAC (ID#:)	9 Loan Amount (\$) 1000	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0	
Y 🕊	10800 McCombs St., #24101	, El Paso, TX 79924	11 Maturity date 11/04/2020	
12 <sub>Principal</sub> occupat Consultant	ion / Job title (See Instructions)	13 Employer (See Instructions) S Morgan Holding LLC		
<b>14</b> Description of Co	llateral	Check if personal funds were deposited into political account (See Instructions)		
none				
none  16 GUARANTOR INFORMATION	17 Name of guarantor Samuel Morgan  18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$) 1000.00	
GUARANTOR INFORMATION  not applicable	Samuel Morgan  18 Guarantor address; City;	•		
GUARANTOR INFORMATION  not applicable  Principal Occupa	Samuel Morgan  18 Guarantor address; City;  10800 Mc Combs #24101 El l	Paso, TX 79924  21 Employer (See Instructions) S Morgan Holding		
not applicable  Principal Occupa  Consultant	Samuel Morgan  18 Guarantor address; City;  10800 Mc Combs #24101 El l	Paso, TX 79924  21 Employer (See Instructions) S Morgan Holding	1000.00	
not applicable not applicable principal Occupa Consultant Date of loan  Is lender a financial Institution? Y N	Samuel Morgan  18 Guarantor address; City;  10800 Mc Combs #24101 El l  Ition (See Instructions)	Paso, TX 79924  21 Employer (See Instructions) S Morgan Holding  e PAC (ID#:)	Loan Amount (\$)	
not applicable not applicable principal Occupa Consultant Date of loan  Is lender a financial Institution? Y N Principal occupat  Description of Col	Samuel Morgan  18 Guarantor address; City;  10800 Mc Combs #24101 El l  Ition (See Instructions)  Name of lender	Paso, TX 79924  21 Employer (See Instructions) S Morgan Holding  e PAC (ID#:	Loan Amount (\$)  Interest rate  Maturity date	
not applicable not applicable principal Occupa Consultant Date of loan  Is lender a financial Institution? Y N Principal occupat	Samuel Morgan  18 Guarantor address; City;  10800 Mc Combs #24101 El l  Ition (See Instructions)  Name of lender	Paso, TX 79924  21 Employer (See Instructions) S Morgan Holding  e PAC (ID#:	Loan Amount (\$)  Interest rate  Maturity date	
not applicable not applicable principal Occupa Consultant  Date of loan  Is lender a financial Institution? Y N Principal occupat  Description of Col	Samuel Morgan  18 Guarantor address; City;  10800 Mc Combs #24101 El l  tion (See Instructions)  Name of lender	Paso, TX 79924  21 Employer (See Instructions) S Morgan Holding  e PAC (ID#:	Loan Amount (\$)  Interest rate  Maturity date  mds were deposited into political ctions)	

#### 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

The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	cs Commission File	rs)
9	Mr Samuel W Morgan				
4 Date	5 Payee name				
09/24/2020	Zapa Graphics				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
487.12	3410 Wickham Ave Suite 100, El Pa	so TX 79904			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Printing Service	Yard Signage			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livir	ng expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/O	<sup>⊣</sup> Sam Morgan Cit	y Representativ	e, Dist		
Date	Payee name				
00/04/0000					
09/24/2020	Lowe's				
Amount (\$)	Payee address;	City;	State;	Zip Code	
78.48	4531 Woodrow Bean Transmountain	n, El Paso, TX 7	9924		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Supplies	Signage Mour	nting/Support	t	
OF EXPENDITURE					
EXI ENDITORE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Sam Morgan Cit	y Representativ	e, Dist City F	Representati	ve, l
Date	Payee name				
09/25/2020	All Print				
Amount (\$)	Payee address;	City;	State;	Zip Code	
405.94	9813 Dyer St #500 El Paso, TX 7992	24			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Printing Expenditure	Yard Signage			
OF EXPENDITURE					
EXPENDITORE		<u> </u>			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	<sup>1</sup> Sam Morgan City	/ Representative	e, Dist City F	Representati	ve, [

#### 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 Other (enter a

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Com	nmission Filers)	
9	Mr Samuel W Morgan					
4 Date	5 Payee name					
10/28/2020	Townsquare Media					
6 Amount (\$)	7 Payee address;	City;	Sta	te; Zi	ip Code	
1000	4180 N Mesa St, El Paso, TX 79902					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Advertising Expense	Geofencing				
OF EXPENDITURE						
	(a) D Charletterral contribute (Towns Correlate Cohertele T		·			_
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officehold			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	- D:-( O		e held	
experience to benefit eyer	Sam Morgan City	/ Representative	e, Dist C	ity Repre	esentative,	
Date	Payee name					
09/30/2020	All Print					
Amount (\$)	Payee address;	City;	Sta	te; Zi	ip Code	
1190.75	9813 Dyer St #500 El Paso, TX 7992	24				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Print Advertising	Door Hangers	i			
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Chook if Augti	in TV officehold	lor living ovnon		_
	<u> </u>		in, TX, officehold			_
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	<b>5</b> 1 . 6		e held	
· 	Sam Morgan City	y Representativ	e, Dist C	ity Repr	esentative,	,
Date	Payee name					
10/01/2020	My Creative Shop					
Amount (\$)	Payee address;	City;	Sta	te; Zi	ip Code	
19.95	3003 32nd Ave S Fargo, North Dako	ta 58104				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising Expense	Design				
OF EXPENDITURE						
	Chook if trough outside of Tourse Complete Set and a T	Objects to A. et	- TV -#:	an living		_
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officehold			_
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	. D: . O		ce held	,
	Sam Morgan City	/ Representative	e, Dist C	ty Repre	esentative,	Ĺ
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED			

#### 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 Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:			3 Filer ID (Eth	ics Commission Filer	s)
9	Mr Samuel W Morgan				
4 Date	5 Payee name				
10/01/2020	You Mail Inc				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
13.99	43 Corporate Park, Suite 200. Irvine	e, CA 92606			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Telephone	Telephone			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder liv	ing expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/O	¹ Sam Morgan Ci	ty Representativ	e, Dist City	Representativ	ve, □
Date	Payee name				
10/05/2020	Zapa Graphics				
Amount (\$)	Payee address;	City;	State;	Zip Code	
75.77	3410 Wickham Ave Suite 100 El Pa	so TX 79904			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Printing Expense	Yard Signage			
OF EXPENDITURE					
LAI ENDITORE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livi	ing expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Sam Morgan Ci	ty Representativ	e, Dist City	Representativ	ve, □
Date	Payee name				
10/07/2020	Go Direct				
Amount (\$)	Payee address;	City;	State;	Zip Code	
3587.02	8400 Boeing Drive El Paso, TX 799	26			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense	Mailer			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Chock if Austi	in, TX, officeholder livi	ng ovnonco	
0 1. 0	<u> </u>	Office sought	, rx, omcendider livi		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	J	D' O'.	Office held	_
	Sam Morgan Cit	ty Representative	e, Dist City	Representativ	/e, L
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEI	EDED		

#### 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

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:			3 Filer ID (Ethics	s Commission Filers)
9	Mr Samuel W Morgan			
4 Date	5 Payee name			
10/07/2020	Lowe's			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
14.48	4531 Woodrow Bean Transmountain	n, El Paso, TX 7	9924	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Supplies	Signage Mour	nting/Supports	S
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	<sup>⊣</sup> Sam Morgan Cit	y Representativo	e, Dist City R	epresentative, D
Date	Payee name			
10/08/2020	Wells Fargo			
Amount (\$)	Payee address;	City;	State;	Zip Code
12	4600 Woodrow Bean Transmountair	n Dr, El Paso, T	X 79924	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Checks		
OF EXPENDITURE				
LAI ENDITORE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	<sup>1</sup> Sam Morgan Cit	y Representativ	e, Dist City R	Representative, D
Date	Payee name			
10/01/2020	Web Go Marketing			
Amount (\$)	Payee address;	City;	State;	Zip Code
900	5959 Gateway Suite 245, El Paso TX	X 79925		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Marketing		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Sam Morgan City	y Representative	e, Dist City R	epresentative, [
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

#### 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

egal Services Salaries/Wages/Contract Labor Othe
The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers	s)
9	Mr Samuel W Morgan				
4 Date	5 Payee name				
10/09/2020	Web Go Marketing				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
500	5959 Gateway Suite 323 El Paso TX	79924			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Advertising Expense	Marketing			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	<sup>-</sup> Sam Morgan City	/ Representative	e, Dist City R	epresentativ	/e, [
Date	Payee name				
10/13/2020	Campaign Partners				
Amount (\$)	Payee address;	City;	State;	Zip Code	
49	PO Box 118 Still River, MA 01467				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense	Website			
OF EXPENDITURE					
LAI ENDITORE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Sam Morgan City	/ Representativ	e, Dist City R	epresentativ	∕e, I
Date	Payee name				
10/14/2020	Zapa Graphics				
Amount (\$)	Payee address;	City;	State;	Zip Code	
254.06	3410 Wickham Ave Suite 100, El Pas	so, TX 79904			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Printing Expense	Yard Signage			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living	·	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Sam Morgan City	/ Representative	e, Dist City R	epresentativ	/e, [
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

#### 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

ense Travel Out Of District ges/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filer	s)
9	Mr Samuel W Morgan				
4 Date	5 Payee name				
10/14/2020	Web Go Marketing				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
100	5959 Gateway Suite 323 El Paso TX	K 79925			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Advertising Expense	Marketing			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OI	¹ Sam Morgan Cit	y Representativ	e, Dist City R	epresentativ	/e, [
Date	Payee name				
10/14/2020	Lowe's				
Amount (\$)	Payee address;	City;	State;	Zip Code	
30.02	4531 Woodrow Bean Transmountain	n, El Paso, TX 7	9924		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Signage Mour	nting/Supports	6	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Sam Morgan Cit	y Representativ	e, Dist City R	epresentativ	/e, [
Date	Payee name				
10/14/2020	Lowe's				
Amount (\$)	Payee address;	City;	State;	Zip Code	
24.12	4531 Woodrow Bean Transmountain	n, El Paso, TX 7	9924		
	Category (See Categories listed at the top of this schedule)	Description	(0		
PURPOSE	Supplies	Signage Mour	nting/Supports	3	
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/Oh	4	y Representativ	e, Dist City R		/e, [
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		
			<del></del>		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Crodit Garar dymonic	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Mr Samuel W Morgan		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
10/15/2020	Voice Broadcasting			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
65.13	1527 S Cooper St, Arlington, TX 76	6010		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Telephone bro	oadcast	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	<sup>⊣</sup> Sam Morgan Ci	ity Representativ	e, Dist City R	epresentative,
Date	Payee name			
10/16/2020	Big 5 Sport			
Amount (\$)	Payee address;	City;	State;	Zip Code
65.03	9813 Dyer St #500 El Paso, TX 799	924		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Supplies	Tent		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Sam Morgan C	ity Representativ	e, Dist City R	epresentative,
Date	Payee name			
10/20/2020	Web Go Marketing			
Amount (\$)	Payee address;	City;	State;	Zip Code
500	5959 Gateway Suite 323 El Paso T	X 79925		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Marketing		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	<sup>1</sup> Sam Morgan Ci	ty Representative	e, Dist City Re	epresentative,
	ATTACH ADDITIONAL CODIES OF TH	IS SCHEDI II E VS VIEI	EDED	<u> </u>

#### 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

ing Expense Travel Out Of District other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	The instruction during explains now to	complete tins form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission File	rs)
9	Mr Samuel W Morgan				
4 Date	5 Payee name				
10/20/2020	Zapa Graphics				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
300.37	3410 Wickham Ave Suite 100 El Pas	so TX 79904			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Printing Expense	Yard Signage			
OF EXPENDITURE	- '				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Sam Morgan Cit	y Representativ	e, Dist City F	Representati	ve, l
Date	Payee name				
10/21/2020	Go Direct				
Amount (\$)	Payee address;	City;	State;	Zip Code	
4958.72	8400 Boeing Drive El Paso, TX 7992	25			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense	Mailer			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	4	· ·	- Diet City F		
	Sam Morgan Cit	y Representativ	e, Dist City F	Representati	ve,
Date	Payee name				
10/22/2020	Lowe's				
Amount (\$)	Payee address;	City;	State;	Zip Code	
98.7	4531 Woodrow Bean Transmountain	n, El Paso, TX 7	9924		
	Category (See Categories listed at the top of this schedule)	Description	1: 10		
PURPOSE	Supplies	Signage Mour	iting/Support	S	
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	4	y Representative	e, Dist City R		ve, [
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E VO NEI	EDED		

#### 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 FILER NAME		3 Filer ID (Ethic	s Commission Filer	rs)
9	Mr Samuel W Morgan		(2		٥,
4 Date	5 Payee name				
09/01/2020	My Creative Shop				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
<b>,</b> ,				·	
9.95	3003 32nd Ave S Fargo, N Dakota s	58104			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Advertising Expense	Design			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	¹ Sam Morgan Cit	ty Representativ	e, Dist City F	Representati	ve, [
Date	Payee name				
09/21/2020	My Creative Shop				
Amount (\$)	Payee address;	City;	State;	Zip Code	
94.31	3003 32nd Ave S Fargo, N Dakota	58104			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Printing Expense	Call Cards			
OF EXPENDITURE					
	Object Warrend outside of Tours Countries Outside T				
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder livin		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	Sam Morgan Ci	ty Representativ	e, Dist City F	Representati	ve, [
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
7.11.10.11.1 (Φ)	r dyoo dddrood,	Oity,	Otato,	Zip code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	4				
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDIN E VS ME	EDED		
	AT TACH ADDITIONAL COPIES OF THE	3 SCHEDULE AS NEI	こりこり		

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		mittee	Food/Beverage Gift/Awards/Me Legal Services	morials Expense	- 1	Polling Exp Printing Ex Salaries/W		act Labor	Travel 0	n District Out Of District enter a categor		d above)
				The Instruc	tion Guide expl	lains	how to co	omplete th	nis form.				
1	Total pages Schedule F2:	_		R NAME <b>nuel W Mo</b> i	rgan					3 Filer	ID (Ethics C	Commissio	on Filers)
	TOTAL OF UNITEM					LIG	ATIONS	S		\$			
5	Date	6	Payee	e name									
7	Amount (\$)	8	Paye	e address;					City;		State;	Zip	Code
9	TYPE OF EXPENDITURE			Political			Non-Pol	itical					
10	PURPOSE OF EXPENDITURE	(a) (	Categ	ory (See Categories	s listed at the top of	this sc	hedule)	(b) Des	cription				
		(c)	Г	Check if travel outs	ide of Texas. Comple	ete Sche	edule T.		Check if Aus	stin, TX, offic	ceholder living	expense	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	+	Ca	andidate / Office	eholder name		0	ffice soug	jht		Office he	eld	
	Date		Paye	e name									
	Amount (\$)		Paye	e address;					City;		State;	Zip	Code
	TYPE OF EXPENDITURE			Political			Non-Po	litical					
	PURPOSE OF EXPENDITURE		Categ	ory (See Categorie:	s listed at the top of	this sc	hedule)	De	scription				
				Check if travel out	tside of Texas. Comp	lete Scl	hedule T.		Check if Au	ustin, TX, off	ficeholder living	gexpense	
	Complete ONLY if direct expenditure to benefit C/OH	ł	Ca	andidate / Office	eholder name		0	ffice soug	ght		Office he	eld	
			ATTA	CH ADDITIO	NAL COPIES	S OF	THIS S	CHEDU	LE AS NE	EDED			

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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
FILER NAME  Wr Samuel V	V Morgan	3 Filer ID (Ethics Commission Filers)
1 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	
	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	r; 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

		The Instruction Guide explains how to d	complete this form.	
0	Total pages Schedule F4:	2 FILER NAME Mr Samuel W Morgan		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$
5	Date	6 Payee name		
7	Amount (\$)	8 Payee address;	City;	State; Zip Code
9	TYPE OF EXPENDITURE	Political Non-Po	olitical	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name C	Office sought	Office held
	Date	Payee name		
	Amount (\$)	Payee address;	City;	State; Zip Code
	TYPE OF EXPENDITURE	Political Non-P	olitical	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.	Description  Check if Au	ıstin, TX, officeholder living expense
	complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED

#### **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 Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

	The instruction Guide explains now to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME Mr Samuel W Morgan		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)  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	
	(c) Check if travel outside of Texas. Complete Schedule T.	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 (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)  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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED

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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 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

	The instruction duide explains now to	complete this form.		
1 Total pages Schedule H: 0	2 FILER NAME Mr Samuel W Morgan		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
- Date	business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF				
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(	Office held
Date	Business name			
	B :			
Amount (\$)	Business address;	City;	State;	Zip Code
		1		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(	Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
		- 3,	,	,
	Cotogony (Con Cotogonian listed at the top of this cohedula)	Description		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEE	DED	
	ATTACITADDITIONAL COFIES OF THIS	, JOHEDULE AS NEE		

#### SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME Mr Samuel W Morgan		3 Filer ID	(Ethics Co	mmission 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 required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regal	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	rding type of	information

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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 Sched 0			dule K:	
2 FILER NAME 3 Filer ID (Ethic			s Commission Filers)	
Mr Samuel W	Mr Samuel W Morgan			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; Stat	te; 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; Sta			
	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; Stat	te; 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; Sta			
	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	n Guide explains how to complete this form.	1 Total pages Schedule T:				
<sup>2</sup> FILER NAME Mr Samuel W Morga	an	3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Con	poration 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					
	Destination city or name of destination location					
	Document of the state of the st					
10 Means of transportation	11 Purpose of travel (including name of conference	e, seminar, or other event)				
Name of Contributor / Con	poration 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	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	e, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this fo		
	C/OH N	AME	2 Filer ID (Ethics Commission Filers)	
Ν	1r Sam	uel W Morgan		
3	SIGNA	TURE		
	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.			
		Signati	ure of Candidate / Officeholder	
ŀ	•• Com	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••		
	Α.	CAMPAIGN FUNDS		
	Check	conly one:		
		I do not have unexpended contributions or unexpended interest or income earned f	rom political contributions.	
		I have unexpended contributions or unexpended interest or income earned from permay not convert unexpended political contributions or unexpended interest or incorpersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of Electric Contributions in accordance with the requirement of Electric Contributions in accordance with the electric Contributions in accordance with the ele	ome earned on political contributions to contributions and that I may not retain ributions longer than six years after filing contributions and unexpended interest or	
	B.	ASSETS		
	Checl	conly one:		
		I do not retain assets purchased with political contributions or interest or other incompared to the contribution of the contributions of interest or other incompared to the contribution of the contribution	me from political contributions.	
		I do retain assets purchased with political contributions or interest or other income f that I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	ner income from political contributions to	
			Signature of Candidate	
5		EHOLDER plete this section only if you are an officeholder ••  I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if, officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an	
			Signature of Officeholder	