

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST SAMUEL	MI MI
	NICKNAME	LAST MORGAN	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	4345 LOMA CASITAS RD EL PASO TX 79934 ☐ change of address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (915)	PHONE NUMBER 526-6076	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST JOSE	MI MI
	NICKNAME	LAST TOLLINCHI	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
11341 HP MARTINEZ WAY EL PASO TX 79934			
8 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 309-7429	EXTENSION
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☒ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 05 / 02 / 2013 THROUGH Month Day Year 06 / 05 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 06 / 15 / 2013 ELECTION TYPE ☐ Primary ☒ Runoff ☐ General ☐ Special		
12 OFFICE	OFFICE HELD (if any)		
		13 OFFICE SOUGHT (if known) CITY REPRESENTATIVE, DISTRICT 4	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
SAMUEL MORGAN
15 ACCOUNT # (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.

COMMITTEE TYPE
☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME
CITY CLERK DEPT.
6/7/2013 2:38:16 PM
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS
☐ additional pages

**17 CONTRIBUTION
TOTALS**
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED
\$
2. TOTAL POLITICAL CONTRIBUTIONS
 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,297.48
**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED
\$
4. TOTAL POLITICAL EXPENDITURES
\$ 7,275.66
**CONTRIBUTION
BALANCE**
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
\$ 5,329.85
**OUTSTANDING
LOAN TOTALS**
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD
\$ 0.0
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.

***** Electronically Certified *****

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jacqueline Leyva, this the 07 day of Jun, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/4/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Kathleen Lopez	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3307 Tyrone Rd El Paso TX 79925		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/10/2013	Full name of contributor ☐ out-of-state PAC (ID#: JOHNNY C SMYTHERS	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 338 EMERALD ACRES HORIZON CITY, TX 79928		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/10/2013	Full name of contributor ☐ out-of-state PAC (ID#: Kenny Davis	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12713 Tuscan Hills El Paso, TX 79938		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) U.S. Army Major		Employer (See Instructions) Fort Bliss TX	
Date 5/6/2013	Full name of contributor ☐ out-of-state PAC (ID#: Lawrence Madrid	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6720 Brisa Del Mar El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: Christina L Ford	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1950 Paseo Del Sol El Paso TX 79936		(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.			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/3/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Melanie Wayne, for: Melcan LTD 6 Contributor address; City; State; Zip Code 5595 Westside Dr El Paso TX 79932	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/20/2013	Full name of contributor ☐ out-of-state PAC (ID#: HECTOR AGUIRRE Contributor address; City; State; Zip Code 5733 CRESTON AVE EL PASO, TX 79924	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions) Self	
Date 5/20/2013	Full name of contributor ☐ out-of-state PAC (ID#: Asa Evans Contributor address; City; State; Zip Code 4826 Pleasonton Rd. El Paso, TX 79906	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/26/2013	Full name of contributor ☐ out-of-state PAC (ID#: William Kearney Contributor address; City; State; Zip Code 35 Plantation Drive Southern Pines, NC 28387	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/27/2013	Full name of contributor ☐ out-of-state PAC (ID#: Peggy Brown Contributor address; City; State; Zip Code 4245 Loma Taurina El Paso TX 79934	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

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2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/24/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Edward Greer	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3134 Mesa Verde Ln El Paso TX 79904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/25/2013	Full name of contributor ☐ out-of-state PAC (ID#: Frallin Barker	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5823 N Mesa St APT 203 El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/2013	Full name of contributor ☐ out-of-state PAC (ID#: Darington Ramsey	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 329 Estephan Dr San Jose CA 95111		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/2013	Full name of contributor ☐ out-of-state PAC (ID#: Hoyt L Ward	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3200 Glassgow El Paso TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/2013	Full name of contributor ☐ out-of-state PAC (ID#: Leo Pleasants	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 453 Pecan Way Dr San Antonio TX 78240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/29/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Clara Willis	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6517 Southwind Dr El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Proconsultants	
Date 5/29/2013	Full name of contributor ☐ out-of-state PAC (ID#: Proconsultants	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6070 Gateway Blvd E Ste 100 El Paso TX 79905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consulting Company		Employer (See Instructions) Proconsultants	
Date 5/29/2013	Full name of contributor ☐ out-of-state PAC (ID#: Raymond McDaniel	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 64 N Farson St Philadelphia, PA 19139		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date 5/31/2013	Full name of contributor ☐ out-of-state PAC (ID#: DeReef A Greene	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4001 Flamingo Dr El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: John Butler	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4704 Harmony Dr. El Paso, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/1/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Joseph Minge	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 102 Torrey Pines Dr Santa Teresa, NM 88008		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: Charles E. Ellis	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13700 Gilbert Rd Woodbridge, VA 22193		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: Willie C McRae III	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 316 Barrett Allen Ln El Paso TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/4/2013	Full name of contributor ☐ out-of-state PAC (ID#: Rick Roy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4552 R.T. Cassidy Dr El Paso, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/4/2013	Full name of contributor ☐ out-of-state PAC (ID#: Paul Gallaspy	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3001 Cobble Farms Drive Owens Cross Roads, AL 35763		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/23/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: ZAPA GRAPHICS 6 Contributor address; City; State; Zip Code 3410 Wickham Ave Ste 100 El Paso TX 79904	7 Amount of contribution (\$) \$242.48 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) LARGE BANNERS TO ADVERTISE THE
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: Grey Wolf Production Contributor address; City; State; Zip Code 3616 Mountain Ave El Paso, Tx 79930	Amount of contribution (\$) \$1,250 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Video production to promote the candio
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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PLEDGED CONTRIBUTIONS

CITY CLERK DEPT.

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SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: N/A	
2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$			
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

LOANS

CITY CLERK DEPT.

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SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: N/A
2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (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 ☐
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral ☐ none		Check if personal funds were deposited into political account ☐
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/2/2013	5 Payee name Michael Nunez		
6 Amount (\$) \$500 .00	7 Payee address; City; State; Zip Code PO Box 1775 El Paso TX 79917		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Design and Consulting Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/2/2013	Payee name Michael Nunez		
Amount (\$) \$2,100.00	Payee address; City; State; Zip Code PO Box 1775 El Paso TX 79917		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Printing and mailing cards to constituents	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/11/2013	Payee name Candlewood Suites		
Amount (\$) \$75.00	Payee address; City; State; Zip Code 4631 Cohen Avenue El Paso, TX 79924		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Event to watch the election day results in real time	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/15/2013	Payee name Ardovino's Pizza		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 11100 Sean Haggerty Dr, El Paso, TX 79924		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Event to watch runoff election day results in real time	
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			

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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME SAMUEL MORGAN	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 5/22/2013	5 Payee name Michael Nunez				
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 1775 El Paso TX 79917				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Design and Consulting Fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 5/23/2013	Payee name Zapa Graphics				
Amount (\$) \$400.20	Payee address; City; State; Zip Code 3410 Wickham Ave Ste 100 El Paso TX 79904				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Signs to advertise the candidate			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 5/23/2013	Payee name Oval Print LLC				
Amount (\$) \$116.91	Payee address; City; State; Zip Code 139 Chelsea St. El Paso, TX 79905				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Advertising Cards			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 6/4/2013	Payee name Oval Print LLC				
Amount (\$) \$86.60	Payee address; City; State; Zip Code 139 Chelsea St. El Paso, TX 79905				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Advertising Cards			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME SAMUEL MORGAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/4/2013	5 Payee name Pirya Inc.	
6 Amount (\$) \$85.99	7 Payee address; City; State; Zip Code 144 2nd St, San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fee to collect and process donations
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/21/2013	5 Payee name DAVIDS PENNANTS BANNERS		
6 Amount (\$) \$110.96 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 9911 CARNEGIE AVE EL PASO TX 79925		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISEMENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) WIRE STANDS FOR CAMPAIGN SIGNS	
Date 5/29/2013	Payee name OPTION N GRAPHIC DESIGN		
Amount (\$) \$500.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 17705 El Paso, Texas 79917		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) DESIGN AND CONSULTING FEE	
Date 5/29/2013	Payee name OPTION N GRAPHIC DESIGN		
Amount (\$) \$2,700 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 17705 El Paso, Texas 79917		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) PRINTING AND MAILING CARDS TO CONSTITUENTS	
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 (If travel outside of Texas, complete Schedule T)	

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: N/A		2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Business name			
6 Amount (\$)		7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: N/A	2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

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SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: N/A
2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: N/A	
2 FILER NAME SAMUEL MORGAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on: ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
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 A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
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 A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

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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

2 ACCOUNT # (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