

Official Filing Authority of Harris County Isabel Longoria Elections Administrator

Campaign Finance Report

2022185

Received By Clerk:

01/21/2022

File Date:

January 18, 2022

Office:

FileNo:

Commissioner Pct. 2

Candidate:

Morman, Jack

Treasurer:

Morman, Andrea

Category:

Contributions And Expenditures (COH/JCOH)

Elections Administrator Harris County, TX

Delivered By:

Certified Mail

Type:

COR

**Harris County No Fee** 

		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed 31
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	JACK	MI	OFFICE USE ONLY
	NICKNAME	HORMAN	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box Deer P	APT / SUITE #,	CITY: STATE, ZIP CODE	0,
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 512 - 07 (1	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Andrea	МІ	Date Processed
	NICKNAME	HORMAN	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	409 €.	(no po box please), apt / s <b>2rd</b> <i>5</i> t.		STATE, ZIP CODE
(Residence or Business)		K, TX 77534		
8 CAMPAIGN TREASURER PHONE	(281)	923-0712	EXTENSION	
9 REPORT TYPE	January 15	30th day before o		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year	THROUGH /2	Day Year    31
11 ELECTION	Month Day	Year Primary	ELECTION TYP  Runoff Other Description	E
	3/1/	22 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know	issioner, Pct. 2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT WIDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
. *		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN' CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	\$ D.00
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$ 45,749.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	EXPENDITURE	\$ 522.36
	4. TOTAL POLITICAL EXPENDIT	JRES	\$ 66,119.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	\$ 165,834.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		\$ O. 00
	wear, or affirm, under penalty of perjury, that		ue and correct and includes all information
req	uired to be reported by me under Title 15, Elec	tion Code.	
		John -	
		Signature of C	andidate or Officeholder
		Signalar of S	analada ar amaanalaa.
	Diagrama	ta aith an amtiam bala.	
	Please comple	te either option belov	w:
	iy 18, 2022		
(1) Affidavit	#129717190 #129717190 ission Expires	Notany II	
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by	this the	17 day of January
20 <b>22</b> , to certify	which, witness my hand and seal of office.		<b>G</b>
Broke Bry	nac Brooke Br	ignac	lotary
Signature of officer administe	ring oath Printed name of officer	U	Title of officer administering oath
	d	R	
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	s
My address is			
Evenuted in	(street)	,	(state) (zip code) (country)
Executed in	County, State of	on the day of (mont	th) 20 (year) .
		Signature of Cand	idate/Officeholder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	19 FILER NAME 20 Filer ID (Ethics Co.		
	Moronay Jack			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 45,749.00	
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	\$ 66, 119.27	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 9,858 33	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$	

# SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
$\mathcal{M}_{\mathcal{D}}$	eman, Jack	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
8/17/21	Harry Simeonidis	\$ FOR 00
01.012	6 Contributor address; City; State; Zip Code	7500.00
	6200 444	
8 Principal occu	5300 Hollister, St. 220, Houston, TX 77040 pation / Job title (See Instructions)  9 Employer (See Instruc	tional
• Fincipal occu	pation 7 300 title (See instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
8/17/21	Richard Weekky  Contributor address: City: State: Zip Code	\$ 5,000.00
	Contributor address; City; State; Zip Code	Ojecc
	IIII N. Post Oak, Honston, TX 77055	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
8/27/21	Larry Cernosek	\$ 1,000.00
	Contributor address; City; State; Zip Code	<b>''</b>
	1705 Kingsdale Dr. Den Park, Tx 77534	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
9/3/21	Robert Lanham	\$10,000.00
	Contributor address; City; State; Zip Code	( ) ( )
Principal occur	2210 Britton Ridge Dr., Waty TX 77494  Dation / Job title (See Instructions) Employer (See Instruc	tions)
T mioipal occup	Employer (See Instructions)	ions
-		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	
	vol water to out-of-state i no, please see instruction guide for additional	cporting requirements.

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

! 				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
M	ITMAN, JACK			
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)		
9/13/21	Joe Danna	4		
171372	6 Contributor address; City; State; Zip Code	\$ 95.90		
	POBOX 924033 Herston, TX	Y Y		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
9/18/21	Nichael Robertson	t		
	Contributor address; City; State; Zip Code	\$ 95.90		
	1110 Apple for d Dr. Segbrok TX 97.5% ation / Job title (See Instructions) Employer (See Instruc			
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)		
		-		
Date	Full name of contributor	Amount of contribution (\$)		
10/10/21		Amount of continuous (4)		
~110121	Contributor address; City; State; Zip Code	\$ 95. 90		
	Contributor address; City; State; Zip Code	75.		
!	2803 Lighthouse Dr. Houston, TX 77058			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (C)		
10/13/21		Amount of contribution (\$)		
10/2/	Frank Donaghe	\$ 1,923.70		
	Contributor address; City; State; Zip Code	, -		
	15806 Clearce est Dr. Honston TX 77059			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED		

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

# SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report**.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Mornan, Lack	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
10/13/21	Joseph World	4
1 10 10 1	6 Contributor address; City; State; Zip Code	\$480.70
	1826 Palmeth St., Bellaire, TX 77401  spation / Job title (See Instructions)  9 Employer (See Instructions)	
8 Principal occu	spation / Job title (See Instructions)  9 Employer (See Instructions)	itions)
Date	Full name of contributor	Amount of contribution (\$)
10/13/21	Contributor address; City; State; Zip Code	\$ 480.70
	2776 Tomber Od Harley TV 17005	
Principal occup	Dation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
10/13/21	Contributor address; City; State; Zip Code	\$961.70
	5421 Brystone D., Huston, Tx 77041	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 10/14/21	Full name of contributor	Amount of contribution (\$)
MAIL	She lly Cooper  Contributor address: City; State; Zip Code  29046 Late Houston, Dr., Huffman, TX 77336	\$ 95.90
Principal occul	Dation / Job title (See Instructions)  Employer (See Instructions)	tions)
		,
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

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

# SCHEDULE A1

·			•
The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1:
2 FILER NAME	MORMAN, JACK		3 Filer ID (Ethics Commission Filers)
4 Date		tate PAC (ID#)	7 Amount of contribution (\$)
10/18/21	B-10 6. Mil	tate PAC (ID#)	4500 00
	6 Contributor address; City;		
	2203 Grace Lw., High lands, pation / Job title (See Instructions)	TX 77562	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$)
10/18/21	Shannon Binkley	State; Zip Code	\$ 500.00
Principal accur	3010 Brace Lo., Highlands, TX	7756Z	tions)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	uons)
Date	Full name of contributor  uut-of-s	tate PAC (ID#)	Amount of contribution (\$)
10/18/21	Crais Lane  Contributor address; City.		£ 250.00
		State; Zip Code	
	13726 Repper Knoll Dr., How		
Principal occup	ation / Job title (Seé Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$)
10/21/21	Robert Lupher		£ 1,000.00
	Contributor address; City;	State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	10102 Frio River Cide, Cypress,	TX 77433	
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	

# SCHEDULE A1

•		•
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Morman, JAK	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	_) 7 Amount of contribution (\$)
11/6/21	The Author	5
16/21	6 Contributor address; City; State; Zip Code	249.20
	712 4 2 4 4 4	
8 Principal occu	712 Noin St., Sk. 900 Horston, TV 77002  pation / Job title (See Instructions)  9 Employer (See Inst	ructions)
- Timopai occu	g Employer (See Inst.	ructions)
Date	Full name of contributor	Amount of contribution (\$)
11/6/21	Strucn Far ley  Contributor address; City; State; Zip Code	\$95.90
Dringing aggre	1007 S. Country Club Dr., Shoreactes, 7x 77571 pation / Job title (See Instructions) Employer (See Inst	
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor	_) Amount of contribution (\$)
11/7/21	Fred Flickinger	·· \$240.20
	Contributor address; V City; State; Zip Code	2 70.
	5627 Spring Lodge Dr., Kingwood, TX 77345 pation / Job title (See Instructions) Employer (See Inst	
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
11/8/21	Jose Dominguez	# 25.00
, , , ,	Contributor address; City; State; Zip Code	
	11607 Seconollow Low, Houston, TX 77089	
Principal occup	11607 Sasehollow Lw., Houston, TK 77089 Dation / Job title (See Instructions) Employer (See Inst	ructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	
	If contributor is out-of-state PAC, please see Instruction guide for addition	al reporting requirements.

# SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Morman, Jack	
4 Date	5 Full name of contributor  ut-of-state PAC (ID# )	7 Amount of contribution (\$)
		7 Amount of Contribution (C)
11/9/21	Danny Schnautz	\$ 961.70
	6 Contributor address; City; State; Zip Code	161.
	Para star D	
8 Principal occu	Po Box 5808, Pasadena, TX 77508  pation / Job title (See Instructions)  9 Employer (See Instructions)	tions
•	3 Employer (coe mondo	
Date	Full name of contributor	Amount of contribution (\$)
11/10/21	Slava France	
110121	Steve Torres	\$ 95. 90
	Contributor address; City; State; Zip Code	
	230 E. X St., Deer Park, TX 77534	
Principal occup	230 L. X St., Deer Park, TX 7753 Q  pation / Job title (See Instructions) Employer (See Instructions)	tions)
,		,
Date	Full name of contributor	Amount of contribution (\$)
11/30/21	Honard Watson	4
130121		\$ 1,000.00
	Contributor address; City; State; Zip Code	
	7887 San Felipe, Stc. 122, Houston, TX 77063	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
12/2/21	Porothie Harding	t 200 00
12/2/21	Contributor address; City, State; Zip Code	\$200.00
_	1505 74 St., Hatena Park, TX 77547	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
<del></del>		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional a	

# SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Morman, Jack	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
12/14/21	John Hart	F 100 00
10/19/21	ユのらの(イなく)た。  6 Contributor address; City; State; Zip Code	\$100.00
	6 Contributor address, City, State, 2ip Code	
	pation / Job title (See Instructions)  9 Employer (See Instruc	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
12/15/21	kin Moggan	+ -00000
15/21	Contributor address; City; State; Zip Code	\$ 5,000.00
	Silving and the silving and th	
	125 J. Hill Trace Dr. , The Woodlands , TK 77381	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
	<b>*</b> * * * * * * * * * * * * * * * * * *	
Date	Full name of contributor	Amount of contribution (\$)
12/15/21	7 10 14 14	H 4 40
-41-1-1	Donald Johnson	\$ 5,000.00
	Contributor address, City; State; Zip Code	
	6719 Histra Dr., Pasadena, Tx 77505	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
12/15/21	Brian Shirey	J = 000
1010121	Contributor address; City, State; Zip Code	\$ 5,000.00
	5006 Creekview Dr., LaPorte, TX 77671	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	itions)
	1	
	ATTACH ADDITIONAL CODIES OF THIS SOURCE AS A	IEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

## SCHEDULE A1

·				•
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1
2 FILER NAME	Morman, Jack			3 Filer ID (Ethics Commission Filers)
4 Date 12   15   2	5 Full name of contributor  Sylvia Smith		State; Zip Code	7 Amount of contribution (\$)  \$4809.70
	86 Nurshy Fram Rd	Hunterille	TX 72320	
8 Principal occu	86 Nurphy Farm Rd. pation / Job title (See Instructions)	) mantsyrice,	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	<b>\</b>	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	,
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDIT		OF THIS SCHEDULE AS N	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 (Ethics Commission Filers) 4 Date 5 Payee name Carole 6 Amount (\$) Zip Code (b) Description 8 (a) Category (See Categories listed at the top of this sch PURPOSE OF EXPENDITURE Consulting expense Campaign Services Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 8/8/21 Bella Fatella Photograp Pavee address: Amount (\$) City: State: Zip Code F200.00 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Amount (\$) State; Zip Code \$ 115.69 PO Box 650960, Dallas, TX **PURPOSE** OF **EXPENDITURE** Credit Card Payment Campaign equises Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1.	2 FILER NAME MORMAN, JACK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
8/11/21	BARW PAC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
₹900,00	PO Box 591692, Houston, TX	77259	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			1
OF EXPENDITURE	Donation to Political Committee	CGM DG 141	n contribution
	(c) Check if travel outside of Texas Complete Schedule T.		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/13/21	Win Red		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 4.10			
· /·	1776 Wilson Blut, Arlingto	n VA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Fundraising Expense	Campa	kn Services
	Check if travel outside of Texas Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/14/21	KC Strategies, ULC		
Amount (\$)	Payee address;	City;	State; Zip Code
\$5,686.47			
	3571 Far West Blvd., St	196, Austin	TX 78731
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Consulting Expense	Campi	aign Services
	Check if travel outside of Texas Complete Schedule T	′	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	ı		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	:DED

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Event Expense Fees Food/Beverage Expense Grif/Awards/Memonals 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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	Other (enter a Category Hotristed above)	
1 Total pages Schedule F1.	2 FILER NAME Horman, JACK		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
9/18/21 6 Amount (\$)	Win Red			
6 Amount (\$)	7 Payee address;	City;	State, Zip Code	
\$ 4.10	1776 Wilson Blud, Arlington VI	7		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	E duration as a constant	4	Muiope	
EXI ENDITORE	Fundraising expense	Zovi par	n savices	
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austii	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/22/21	Comenity Rewards Visa			
Amount (\$)	Payee address;	City;	State; Zip Code	
<i>*</i>				
#4981.03	PO Box 650 960, Dalles, TX	<del></del>		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Coedit and Zayment	Canoaic	n agrases	
	Check if travel outside of Texas Complete Schedule T		n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH		omes sought	5,1135 11512	
Date	Payee name			
Class la :				
9/28/21	Sprint 2 Pint			
Amount (\$)	Payee address;	City;	State; Zip Code	
4.				
\$608.91	8748 Clay Rd., Str. 300, Houst	m. TK 77:	536	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Ad Expense	0 11.	,	
	<u> </u>	Bunger Shic		
	Check if travel outside of Texas Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

Advertising Expense Accounting/Banking

Consulting Expense

Legal Services

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1.	2 FILER NAME  MOSMAN, JACK 5 Payee name  1564 (hristian Hagaz 7 Payee address,		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	•	
10/1/21	Hate Christian Masaz	in C	
6 Amount (\$)	7 Payee address,	City;	State; Zip Code
\$ 400.00			
\$600.00	(150 W. Bouch St. 150 Hore	ston. TX	72024
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1700
PURPOSE			
OF EXPENDITURE	016	71.1.1	M.
EXPENDITORE	Ad Expense	Political	Murhising
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/10/21 Amount (\$)	Win Red		
Amount (\$)	Payee address;	City;	State; Zip Code
£4.10			
'	1776 Wilson Blud., Arlingh	on VA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Fundiaising Expense	Campaign	Services
	Check if travel outside of Texas. Complete Schedule T		TX, officeholder living expense
Complete ONLY if desert	Candidate / Officeholder name		Office held
Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office field
Date	Payee name		
10/18/2-1 Amount (\$)	KC Strakgirs, LLC		
Amount (\$)	Payee address,	City;	State; Zıp Code
#32, 687.45			
32,601.	3571 Far Wast Blvd., Str.	196 Andin	, TX 78731
	Category (See Categories listed at the top of this schedule)	Description	, / ~ / 6 / 5
PURPOSE OF			
EXPENDITURE	Consulting Expense	Cart	Paign Services
	Check if travel outside of Texas Complete Schedule T	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
-	ATTACH ADDITIONAL CORIES OF THIS	SCHEDIII E AS NEE	nen .

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Horman, Jack		
4 Date	5 Pavee name		
10/13/21 6 Amount (\$)	Win Red		
	7 Payee address;	City;	State; Zip Code
\$ 15320	1776 Wilson Blud., As ling from VA  (a) Category (See Categories listed at the top of this schedule)		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Fundación En co	100 m	1 Stries
	Fundraising Exprese	_ / •	Srices
	Check if travel outside of Texas Complete Schedule T.		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	7	
/5/14/2 Amount (\$)	win Red		
	Payee address;	City;	State; Zip Code
\$4.10			
/·	1776 Wilson Blue, Arlington VA	•	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF		^	
EXPENDITURE	Fundacising Expense	Eampuig	n Services
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date			
10/19/21	Convenito Dunda lier		
Amount (\$)	Comenity Rewards Visa Payee address:	City;	State; Zip Code
*	,	<b>3</b> ,	
829.02	Jaku Jaku Du E		
0=11	PO Box 650 960, Dalles, TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	4		
EXPENDITURE	Credit Card Payment	Campai	sh ogases
	Check if travel outside of Texas Complete Schedule T	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	4		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	EDED

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Event Expense Fees Food/Beverage Expense Grif/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Reintal 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 MOrman, Jack 5 Payee name Katz Christian Mugazine 7 Payee address:		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			7
10/25/21 6 Amount (\$)	Katz Christian Mucazine			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$600.00				
<i>(C)</i> .	650 W. Bough, Ste 150, Hereston, Tx	77024		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	Ad Expense	Political	Aucrtising	
	(c) Check if travel outside of Texas Complete Schedule T		n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/1/21 Amount (\$)	W. Shatecies . L.L.			
	Payee address:	City;	State;	Zip Code
\$2,225.00	3571 Far West Blud, Ste. 196, Au	sho.TX 787.	3/	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Consulting Expense	Campaign	Services	
	Check if travel outside of Texas Complete Schedule T.		n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Dale	. ajos mano			
11/4/21	Kingwood Tea Porty, Inc.			
Amount (\$)	Payee address;	City;	State;	Zıp Code
\$ 600,00				
\$2,500.00	2261 North park Dr. # 109. Kinew	ood TX 7	7339	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Dorution made by landidate	Campian	contribution	
	Check if travel outside of Texas Complete Schedule T	_ , ,	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Event Expense Fees Food/Beverage Expense Grift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Ponting 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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	5 Payee name Win Red		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11 12 12 1 6 Amount (\$)	Win Red		
	7 Payee address;	City;	State; Zip Code
\$ 13.40			
) 	1776 (1): Ison Bud. Alington VI (a) Category (See Categories listed at the top of this Schedule)	7	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			1
OF EXPENDITURE	Fundraising expunse	Caus pain	on services
	(c) Check if travel outside of Texas Complete Schedule T.		n, TX, officeholder living expense
	Candidate / Officeholder name		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Office sought	Office field
Date	Payee name		
11/7/21	Win Red		
Amount (\$)	Payee address;	City;	State; Zıp Code
#9.80	1776 Wilson Blud. Anlington	VA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Fundicising expense	Canaa	Gien Lanies
	Check if travel outside of Texas Complete Schedule T.		n, TX, officeholder living expense
ONITY IS done at	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office field
Date	Payee name		
, ,			
119/21	Win Red		
Amount (\$)	Payee address;	City;	State; Zip Code
\$38.30			
٠ تاك	1776 Wilson Blud., Arlington	VA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Fundraising expense	Campe	ign services
	Check if travel outside of Texas. Complete Schedule T		n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULF AS NEF	:DED
	THO CONTROL OF THE CO		·

# SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Food/Beverage Expense  y Gift/Awards/Memonals Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1.	l ·		3 Filer ID (Ethics Commission Filers)		
4 Date	MORMAN, JACK 5 Payee name Win Red				
11/10/21					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$4.10	1776 Wilson Blud., Ar	linston, VA			
8	(a) Category (See Categories listed at the top of this so				
PURPOSE OF	_				
EXPENDITURE	Fundraising Expresse	Cany	mign Services		
	(c) Check if travel outside of Texas Complete Sch		n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
,					
11 18/21 Amount (\$)	Hatt Scholtz				
` ,	Payee address;	City;	State; Zip Code		
\$500.00		· <u>-</u>			
	Category (See Categories listed at the top of this sch	edule) Description	- 7		
PURPOSE	Calcago, Action and Action (1997)	Boompton			
OF EXPENDITURE	4. 4.00	2020.	a Caurina		
	Check if travel outside of Texas Complete Sch		1 Services		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held		
expenditure to benefit C/OF					
Date	Payee name				
11/19/21	Harris County Republican	Primary			
Amount (\$)	Payee address;	City;	State; Zip Code		
91,250.00	8588 Katy Fuy., 3k.4	145, Houston, TX	77024		
	Category (See Categories listed at the top of this sch				
PURPOSE OF	_				
EXPENDITURE	fee	Candidak	Filing Fee		
	Check if travel outside of Texas Complete Sche		n, 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 SCHEDULE AS NEEDED					

# SCHEDULE F1

if the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memonals Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Horman, Jack				
4 Date	Harman, Jack 5 Payee name  Comenity Rewards 7 Payee address;	Visa			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$ 1,202.61	PO Box 650 960, Dal				
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description			
PURPOSE OF					
EXPENDITURE	Credit Card Payment	Campa	ign egrenses		
	(c) Check if travel outside of Texas Complete Scho		in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11   30   2   Amount (\$)	Randy Meadows Payee address;				
. ` ' '	Payee address;	City;	State; Zip Code		
<sup>\$</sup> 250.∞	4212 Wouth, Pasad	Lena TX 77503	-		
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF					
EXPENDITURE	Event Expense	Entert	ainment		
	Check if travel outside of Texas Complete School	edule T Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
Date	Payee name				
12/14/21	Steer Bush				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$315.39	8840 11 EN ELE 2 L	n TX 77532			
	Category (See Categories listed at the top of this schi	<del>'                                    </del>			
PURPOSE	7				
OF EXPENDITURE	Event Expense	Suppli	es		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austri	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	1100		<del></del>		

## SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		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 explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Norman, Jack		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/14/21	Subway		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
<del>\$</del> 975.00	103 S. Main, Hishlands	Tx 77562	
8	103 S. Main, Highlands (a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE			
OF EXPENDITURE	Event Expense	Food	/
	(c) Check if travel outside of Texas Complete Se	chedule T Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/14/21	Katy Christian Magaz	ine	
Amount (\$)	Payee addless;	City;	State; Zip Code
£600.00	650 W. Bauch. Stc. 150	, Honston, TX 77	1024
	Category (See Categories listed at the top of this s		
PURPOSE			
OF EXPENDITURE	016	71:4:	1 11 . 155.4
2/11/21/21/2	1-d. Expense	<u> </u>	Advertising
	Check if travel outside of Texas Complete So		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date	T dyee name		
12/15/21	Win Red		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 190.30	1776 Wilson Blud., Ar	linchn. VA	
	Category (See Categories listed at the top of this si	7// 1011	
PURPOSE			
OF EXPENDITURE	Fundanie		Saucea
-	Fundraising Expense	Campi	
Operated ONEY C. II	Candidate / Office holder name		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense 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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Morman, Jack		
4 Date	5 Payee name		
12/17/21	Matt Shultz		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$200.00	_		
200.00	16315 Cypress Point Dr., C (a) Category (See Categories listed at the top of this schedule)	y press, TX	77429
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Consulting Expense	Can on ca	Services
	(c) Check if travel outside of Texas. Complete Schedule T	•	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
<u> </u>			
Date	Payee name		
12/17/2/ Amount (\$)	Comenity Kewaids Vis	City;	State; Zip Code
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Payee address,	City,	State, Zip Code
\$ 2,729.98			_
Q1 6 1.	PO Box 650960, Dallas,	7x 75265	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Credit land Payment	Campa	ign Expenses
	Check if travel outside of Texas Complete Schedule T.	/	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
Data	Payee name		
Date	r ayee hame		
Amount (\$)	Payee address;	City;	State; Zip Code
		, , , , , , , , , , , , , , , , , , ,	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	31 ) (111 - 3 11 mater at the top at this control of		
OF	7		
EXPENDITURE			
	Check if travel outside of Texas Complete Schedule T	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

# SCHEDULE F4

		·	
1	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memonals Expense	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)
1 Total pages Schedule F4:	2 FILER NAME MOSMAN, J	ac k	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		\$ 2,926.88
5 Date	6 Payee name		1 100
7/23/0/ 7 Amount (\$)	Dell Technologies 8 Payee address;	City;	State; Zip Code
£2,446.40	1 Dell Way , Round	Rock, TX 786	.82
9 TYPE OF EXPENDITURE	Political	Non-Political	<u> </u>
10	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	\
PURPOSE OF	Office Ourhead		ing Augustan
EXPENDITURE	(c) Check if travel outside of Texas Complete S	·	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 7/30/21	Payee name  Office Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
<i>\$378.11</i>	3931 Fairway Plaz	a Dr. , Pasadena,	TX 71505
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	,	Othre Suplies
	Check if travel outside of Texas Complete S	—  —  —  —	istin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
,			
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED

### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By	y Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica	-	Salanes/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F4	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Morman, Jack		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	O A CREDIT CARD	\$
5 Date	6 Payee name		
8/3/21	Dell Technologies		·
7 Amount (\$)	8 Payee address,	City;	State; Zip Code
\$ 15. <sup>14</sup>	1 Dell War Proudy	Onl Tr 70,85	,
9 TYPE OF	1 Dell Way, Round	WCK, IX IXGOZ	
EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF			
EXPENDITURE	office overhead	COMPUT	tr equipment
	(c) Check if travel outside of Texas Complete Sch	edule T. Check if Aust	tın, TX, officeholder living expense
11	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
		<del> </del>	
Date	Payee name	,	
8/20/21	Enterprise		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,365.58			
	123 W. Bay Area Blud.,	Webster, TX 775	<del>58</del>
TYPE OF EXPENDITURE	Political	Non-Political	
		Baranintian	
Bubbook	Category (See Categories listed at the top of this sch	hedule) Description	
PURPOSE OF	To read to the		Political La
EXPENDITURE	I GUISPOITATION ZAUL PMERT	<u> </u>	rental Henicle
	Check if travel outside of Texas Complete Sch	edule T Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

# SCHEDULE **F4**

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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 expl	ains how to complete this form.	
1 Total pages Schedule F4:	2 FILERNAME MORMAN, JACK		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
9/12/21	BJ Rostaniant		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
b			
209.50	515 W. Bay Area Dlv.	d., Webster, TX 70:	598
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
PURPOSE	•		
OF EXPENDITURE	Food Bev. Expense	mta to di	SCUSS CAMPGIGN 195US
	(c) Check if travel outside of Texas. Comple		istin, TX, officeholder living expense
11	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Sandada / Sindsinda insind	Office Sought	Office Haid
expenditure to benefit 0/011		<u> </u>	
Date	Payee name		
9/20/21	Office Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$25.96			
25.74	3931 Fairway Plaza	Dr. Peachous, TX 7	2505
TYPE OF			
EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of t	this schedule) Description	
PURPOSE			
OF EXPENDITURE	Office Our Lead	Campaign ,	office supplies
	Check if travel outside of Texas Comple		ustin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

# SCHEDULE **F4**

		EXPENDITUR	RE CATEG	ORIES FO	R BOX 10(a)	•	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expens Gift/Awards/Memonals Legal Services		Office Overhe Polling Exper Printing Expe		Travel In District Travel Out Of Distr	ipment & Related Expense
		The Instruction G	uide explains	s how to con	plete this form.		
1 Total pages Schedule F4	2 FILER	NAME Morman, Jack	k			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	•		TOACRE	DIT CARD	\$	
5 Date	6 Payee	name					
10/22/21		Wal-Mart					
7 Amount (\$)	8 Payee				City;	State;	Zip Code
\$198.00	90	25 Spencel	, LaPar	k, TX	77571		
9 TYPE OF EXPENDITURE		Political		Non-Politi			
10	(a) Categor	y (See Categories listed at	the top of this s	chedule)	(b) Description		
PURPOSE				701			
OF Expenditure	Fun	doaising Expens	æ		Sameles	for fundrais	
	(c)	Check if travel outside of Te		chedule T		ustın, TX, officeholder liv	
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder	rname	Offi	ce sought	Office	held
Date	Payee						
10/25/21	2	am's Club					
Amount (\$)	Payee	address;			City;	State;	Zip Code
\$ 242.48	1110	1 Fugua, H	risten.	TK 77	089		
TYPE OF EXPENDITURE	Y F	Political		Non-Polit	ical		
PURPOSE	Categor	y (See Categories listed a	t the top of this s	schedule)	Description		
OF	E	dan a			5.0-1.0	for fundraise	
EXPENDITURE	7 976	Check if travel outside of Te		ichedule T		Austin, TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholde	r name	Offi	ce sought	Office	held
	ATTAC	H ADDITIONAL (	OPIES O	F THIS SC	HEDULE AS NE	EDED	

## SCHEDULE F4

	EYPENDITURE C	ATEGORIES FOR BOY 10(a)	
		ATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made B		ise Printing Expense	Travel Out Of District
Candidate/Officeholder/Politica	al Committee Legal Services	Salanes/Wages/Contract Labor	Other (enter a category not listed above)
		explains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Morman, Jack		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$
5 Date	6 Payee name		
10/26/21	0		
	Academ y 8 Payee address,		
7 Amount (\$)	8 Payee address,	City;	State; Zip Code
7454.62			
-75-1.	4627 E. Sam Horse	ston Pkwy., Passadenu	TX 77505
9 TYPE OF			·
EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the to	o of this schedule) (b) Description	
PURPOSE			
OF Expenditure	Fundraising Expense	Supplier	for fundraiser
			• •
	(C) Check if travel outside of Texas Co	omplete Schedule T. Check if Au	istin, TX, officeholder living expense
11	Candidate / Officeholder nam	ne Office sought	Office held
Complete ONLY if direct		O (III S S S S S S S S S S S S S S S S S	
expenditure to benefit C/OH			
Date	Payee name		
10/27/21	1. Gairle		
<del></del>	La Griglia		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 375 00			
315.80	2002 11 11		
	2002 W. Fray, H	MOton, Tx 77019	
TYPE OF		Non Political	
EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the to	p of this schedule) Description	
	Catagory (and datagories instact at time to	per une serieucie,	
PURPOSE			
OF EXPENDITURE	Fundraising Expens	in Front-	t Beverase
EXTENDITURE			· Nevolage
	Check if traver outside of Texas C	omplete Schedule T Check if Ai	ustin, TX, officeholder living expense
	Candidate / Officeholder nan	ne Office sought	Office held
Complete ONLY if direct	oundate / Omocholder Hall	omee sought	Office field
expenditure to benefit C/OH			

# SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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 expla	ins how to complete this form.	
1 Total pages Schedule F4:	2 FILERNAME MOSMAN, Jack		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	O TO A CREDIT CARD	\$
5 Date	6 Payee name		
10/28/21	One Stop Tents +	Events	<u></u>
7 Amount (\$)	8 Payee address;	City;	State; Zıp Code
\$29.85	18217 Hours 10	ebstr/TX 77598	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	s schedule) (b) Description	-
PURPOSE			0 0
OF Expenditure	Fundraising Expense	Simplie	stor tundraiser
	(c) Check if travel outside of Texas. Complete		ıstın, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/4/21	Academy		
Amount (\$)	Payee address,0	City;	State; Zip Code
\$189.98	4627 E. Sam Houston	Phwy., Pasadona, TX	77505
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of th	ns schedule) Description	
PURPOSE			0 1
OF Expenditure	Fundraising Expense	Emplies 1	by hundraiser
	Check if travel outside of Texas Complet		ustin, 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 SCHEDULE AS NE	EDED

### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name Sam's Club City; Zıp Code State: 11101 Fugua, Houston, TX TYPE OF Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/31/21 21 Toro Amount (\$) City; Payee address State; Zip Code \$ 113.31 TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE to discuss campaign issues Check if Austin, TX, officeholder living expense Check if travel outside of Texas Complete Schedule T Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Gift/Awards/Memonals Expense Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Morman, Jack 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name City: State: Zip Code \$110.78 Cello W. Hein, La Poste, TX 77571 TYPE OF Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE ev. Expense Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 10/24/2 Shell Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF Gasoline tollow campaign even EXPENDITURE Iravel in District Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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# SCHEDULE F4

If the requested inforr	mation is not applicable, DO NOT include this page in the report.	
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		t & Related Expense
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Com	mission Filers)
Total pages contacts 11.	Morman, Lack	
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date	6 Payee name	
10/27/21	Shell	
7 Amount (\$)	8 Payee address; City; State;	Zip Code
#7377		
	3124 5: Broadway, La Porte, TX 77571	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE		
OF EXPENDITURE	Travel in District Gas to/from Campuign event	<b>ج</b>
	(c) Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living exp	
11		
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held	
expenditure to benefit C/OH		
	Payer name	
Date 1	Payee name	
1116/21	Shell	
Amount (\$)	Payee address; City; State;	Zıp Code
4-1 86		
\$56.85	3124 S. Broadway, La Porte, TX 77571	
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE		
OF	Travel in Detrict loss to from campaign ever	مل
EXPENDITURE		
	Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ' Office sought Office held	
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