

Official Filing Authority of Harris County Beth Stevens Interim Elections Administrator

Campaign Finance Report



B. Sereno

Interim Elections Administrator Harris County, TX

FileNo:

2022507

Received By Clerk:

07/20/2022

File Date:

July 15, 2022

Office:

Commissioner Pct. 2

Candidate:

Morman, Jack

Treasurer:

Morman, Andrea

Category:

Contributions And Expenditures (COH / JCOH)

Delivered By:

U.S. Mail

Type:

COR

Harris County No Fee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME	MORHAN	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box Decr Par		CITY; STATE; ZIP CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) 5	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Andrea	MI	Date Processed
IVAIVE	NICKNAME	MOSMAN	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	409 8.2	NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Der Hik,	TX 77536		<u> </u>
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 23 - 0712	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 5	Day Year /15 / 22	THROUGH 6	Day Year / 30 / 22
11 ELECTION	ELECTION DA		ELECTION TYPE	:
	Month Day	Year Primary Genera	Description	
	11/8>	22		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	_
			Harris County Com	issioner, tet. Z
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITUR	S ACCEPTED OR POLITICAL EXPENDITURES I SES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'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 TR	REASURER NAME	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
	1	GO TO	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 ELECTE	TEES OF LOANS, OR	\$ O.00
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$ 63,144.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ 3,520.50
	4. TOTAL POLITICAL EXPENDIT	URES	\$ 19,585.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	INS MAINTAINED AS OF THE LA	\$ 69,638.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING		S O.
	wear, or affirm, under penalty of perjury, tha juired to be reported by me under Title 15, Ele		ue and correct and includes all information
		J.h.	
	.	Signature of C	andidate or Officeholder
	Please comple	te either option belo	w:
!			
(1) Affidavit		BROOKE BRIGNAC My Notary ID # 129717190 Expires February 18, 2026	
NOTARY STAMP/SEA			
1	before me by	this the	14 day of July,
20 22, to certify Busche Bus	which, witness my hand and seal of office. Broke Bro	210.6.6	٠٠٠ ما ١٠٠٠
Signature of officer administe			Title of officer administering oath
		DR	
(2) Unsworn Declarati	on		
Mu nama in		and my data of highlic	_
My name is My address is		, and my date of birth i	
, 444,000 10	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of(mon	(year).
		Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com		
	Jack Morman		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$63,144.83	
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 CONTRIBUTIONS	\$ 19,427 64	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 13,603.79	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

SCHEDULE A1

		-
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	JACK HORMAN	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/22	5 Full name of contributor out-of-state PAC (ID#:) Briscoe Gin Campaign. 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	P.O. Box 7, Deer Park, TX 77536 pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/20/22	A.R. Senac Contributor address; City; State; Zip Code	\$ 200.00
Principal occup	13318 Boy Place Dr., Beach City, TK 77523 Pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
6/3/22	Morgan French Contributor address; City; State; Zip Code 2817 Cedar Lidge, Friendswood, TX 77546	\$ 48.03
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
6/10/22	Honston Police Officers' Urion Contributor address: City; State; Zip Code	\$ 1,000.00
	1600 State St., Honston, TX 77007	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

	not morniation to not applicable, 20 not morale unit	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	JACK MORMAN	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
6/8/22	Sy luia Snith 6 Contributor address; City; State;	Zip Code #4,803.00
8 Principal occu	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
618122	_	Zip Code # 9, 60Co.00
Principal occup	IIII N. Post Cak, Houston, TX 7703 pation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
6/14/22	C.M. Garver Contributor address; City; State; 1901 Lexington St., Hensten, TX 77098	Zip Code \$ 5,000. ••
Principal occup		yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
6/14/22	Fred Caldwell Contributor address; City; State; 16330 Hillop View Dr., Capress, TX 7742 pation / Job title (See Instructions) Emplo	Zip Code \$ 1,000.00
Principal occu	pation / Job title (See Instructions) Emplo	oyer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS S	

SCHEDULE A1

<u> </u>				
The	Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	JACK MORMAN			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	walter Johns	on)		\$ 1000 00
6/14/22	6 Contributor address;	City;	State; Zip Code	7,000.
	pation / Job title (See Instructions	, Apt. 81, Hons	ton, TX 77056	· ·
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA		Amount of contribution (\$)
11.000	Robert Lupher			\$ 1,200.75
6/15/22	Contributor address;	City;	State; Zip Code	1,200
	10102 E. Frio River, Cupr	719.TX 77	433	
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
6/15/22	Leff Collins Contributor address;	City;	State; Zip Code	\$480.20
	13510 Cahill La. Cy	press,TX	77429	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
6/17/22	Contributor address;	City;	State; Zip Code	\$ 2,401.50
	3413 Regency Dr., pation / Job title (See Instructions	Deer Park, 7	x 77536	
Principal occu	pation / Job title (See In S ructions)		Employer (See Instru	uctions)
	ATTACH ADD		OF THIS SCHEDULE AS	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jack MORMAN	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Sonia Schmidt	
6/17/22	6 Contributor address; City; State; Zip Code	\$480.30
	16925 Hustrs Dr. Hunvel, Tx 77578 Ipation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	otions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	\$ 1200 75
6/21/22	Contributor address; City; State; Zip Code	\$ 1,200.75
	5421 Brushus Dr. House for TV 27041	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
	→ , ∀ , /	
Date	Full name of contributor	Amount of contribution (\$)
	Siriwe Hi Manayakkara Contributor address; City; State; Zip Code	t - 00
6/22/22	Contributor address; City; State; Zip Code	\$ 5,000.00
	1302 Broadway St., Apt. 2201, Rearland, TX 77581	
Principal occu	pation / Job title (See Mstructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6/22/22	Teresa Perez. Contributor address; City; State; Zip Code	\$ 5,000.00
	5 Inderosa La, Holmdel, NJ 07733	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
		NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona	

SCHEDULE A1

If the requested information is not applicable, bo NOT include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	ACK MORNAN	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
6/22/22	6 Contributor address; City; State; Zip Code	\$2,500.00		
8 Principal occu	pation / Job title (See Instructions) **Employer (See Instructions)** **Employer (See Instructions)**	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
6/22/22	Contributor address; City; State; Zip Code	\$ 2.500.00		
	720 Barbara St., Tombell, Tx 77375			
Principal occup	720 Barbara St., Tomball, Tx 77375 Dation / Job title (See Instructions) Employer (See Instructions)	etions)		
Date	Full name of contributor	Amount of contribution (\$)		
GEZIZZ	Phil Sandlin Caupaign Contributor address; City: State; Zip Code P.O. Bax 724, Decr Park, TX 77536 pation / Job title (See Instructions) Employer (See Instructions)			
Date 6/22/27	Full name of contributorout-of-state PAC (ID#:) Kurt Lcus Contributor address; City; State; Zip Code	Amount of contribution (\$)		
	23030 Patrick Low, Homester, TX 77377			
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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.

	to a minormation to the applicable, 2 of the contract and page	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Jack Morna	3 Filer ID (Ethics Commission Filers)
Date		7 Amount of contribution (\$)
	5 Full name of contributor out-of-state PAC (ID#:) Armand Sha kii	\$ 1,500.00
122/22	6 Contributor address; City; State; Zip Code	
	6719 Corintle Dr., Pasadens, TX 77505 pation / Job title (See Instructions) 9 Employer (See Instruc	tione
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	Alons)
Date	Full name of contributor	Amount of contribution (\$)
0/22/22	Charles Skntey Contributor address; City; State; Zip Code	\$ 1,000.00
Principal occup	138 Wilkins Kira, Sugar Land, TX 77479 Pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occup	Contributor address; City; State; Zip Code 750	ctions)
Date	Full name of contributor	Amount of contribution (\$)
122	Charalambos Simeonidis Contributor address; City; State; Zip Code	\$ 500.00
Principal occu	P.6. Box 550344, Honston, TX 77255 pation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

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

SCHEDULE A1

ii die reques	The first the first applicable, De 1101 metale time page to the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jack Morman	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	John Meson, Jr.	\$ 500,00
6/22/22		7 300.
	4503 ShayNDr., Pasadena, Tx 77505	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
6/22/22	T. Wenne Hol combe Contributor address; City; State; Zip Code	\$ 500.00
Principal occup	2010 Brook Rse La, Cupress 17x 7433 Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
6/23/22	Sujeeth Daksharam Contributor address; City; State; Zip Code	\$ 960. 60
	3100 Timmons Law Honston, TR 77027	tiona
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	AIONS)
Date	Full name of contributor	Amount of contribution (\$)
6/23/22	Contributor address; City; State; Zip Code	\$ 960,00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

<u> </u>			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	JACK MOROLAN		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	Terra McDaniel		
6/23/22	Terry McDaniel 6 Contributor address; City;	State; Zip Code	\$4,803.00
GILALL			
	5217 L. Wallsville M., Buton pation / Job title (See Instructions)	n. TX 77521	
8 Principal occu	pation / Job title (See Instructions)	y Employer (See Instruction	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	J.J. Isbell		ر ب
(1.1	Contributor address; City;	State; Zip Code	\$ 2,500.00
6/23/22			- •
	P.O. Box 5339, Pasadora, TX 7	7508	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
		Shakar Zin Coda	
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
			and the second s
Data			Amount of contribution (C)
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occiu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
1			
1			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Inst		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel Out Of District
Other (enter a category not listed above)

Oreuk Calut ayment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME JACK MORMAN		3 Filer ID (Ethics Commission Filers)
4 Date 5/23/22	JACK MORMAN 5 Payee name Comenity Rewards Visc 7 Payee address;		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$4,632.15	Po Box 650960, Dalles, TX 75	7265	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Credit Card Poyment		6
EXI ENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	_ , ,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/2/22 Amount (\$)	Carok Lamont Payee address;	<u> </u>	State: 7:- C-d-
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 390. 56e	170 Lakeside Dr. Mongamery	77.35 Description	4
PURPOSE	Category (See Categories listed at the top of this senedule)	Description	
OF EXPENDITURE	Consulting Expense	Campaign	Services
	Check it travel outside of Texas. Complete Schedule T.		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		
612122	Manusch Marketing Go	704D	
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,280.14	4500 Bissomet, Ste. 370, B	cllaire, TX	77401
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Consulting Expense	Campaign	Services
	Check it travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

				_ 	•	
		EXPENDITURE CAT	EGORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhe Polling Expen Printing Expe		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment		The Instruction Guide exp	·		Other (enter a categ	bry not listed above)
4	_					
1 Total pages Schedule F1:	2 FILER N	ACK MORNAN			3 Filer ID (Ethic	s Commission Filers)
4 Date 6/6/27	5 Payee na	kr Communication	4			
6 Amount (C)	7 Pavee ad			Oit	Ctata	7:- 0-4-
4 _{331.85}	11398		n bon Back	City;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of	this schedule) (b) Description		
PURPOSE OF	4					
EXPENDITURE	CONSU	Hine Grange		Can Daise	Services	
	(c)	Check if travel outside of Texas. Comple	ete Schedule T.		n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
6/14/22	Mar	moth Marketine	Group			
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
\$ 1,391.76	4500 B	Bissonnet, Stc. 3	70. Bella	irc, TX 77	40 l	
		(See Categories listed at the top of t		Description		,
PURPOSE OF		.6				
EXPENDITURE	Cons	ulting Expense		Campaign	Services	
		Check if travel outside of Texas. Comple	te Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
61 H/22	MA	mmoth Marketin	& Group			
Amount (\$) \$\frac{1}{1325.50}\$	Payee a	adress;	•	City;	State;	Zip Code
1,525.	4500	Bissonnet, Ste.	370, Bella	ire, Tx 77	40/	
PURPOSE	Category	(See Categories listed at the top of the		Déscription		
OF EXPENDITURE	Cons	Iting Expense		Campaign	Service 3	
		Check if travel outside of Texas. Comple	te Schedule T.		n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME DACK MOTHAN 5 Payee name Comenity Remarks Visc 7 Payee address;	3 Fi	ler ID (Ethics Commission Filers)
Date	5 Payee name		
6/22/22	Comenity Rewards VISC		
5 Amount (\$) \$ 8,971.64	P.O. Box 650160, Dallas, Tx	City:	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Coatt a a D		•
EXPENDITURE	Credit Card Payment	Campaign L	xpenses
	(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/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		-
(0/3/22 Amount (\$)	WinRed		
	Payee address;	City;	State; Zip Code
\$1.97	1774 Wilson Bled, Arlington		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Fundraising Emense	Campaign Serv	irea
	Check if travel outside of Texas. Complete Schedule T.	_ · J	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/8/22	WinRed		
Amount (\$)	Payee address;	City;	State; Zip Code
\$197.00	1774 Wilson Blud., Arlinghon,	VA	
	Category (See Categories listed at the top of this schedule)	Description	•
PURPOSE	7		
OF EXPENDITURE		C	
EAFERDITURE	Funducising Expense	Campaign Je	uvills
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THE	COUEDIN E ACAITECE	
	ATTACH ADDITIONAL COPIES OF THIS	OUDEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME JACK MOSMAN		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Win Red		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 394.00	1774 Wilson Blud., Arlington, 1	IA .	
8	(a) Category (See Categories listed at the top of this senedule)	(b) Description	
PURPOSE OF			
EXPENDITURE	Fundraising Expense	Campaign	Savices
	(c) Check if travel outside of Texas. Complete Schedule T.	_ ' '	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/15/22 Amount (\$)	Win Red		
	Payee address;	City;	State; Zip Code
[‡] 68.95	1774 Wilson Blue, Alington, 1	(A	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Fundraising Expense	Canacaine	Semie 04
	Check if travel outside of Texas. Complete Schedule T.	Campaing Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6 17 27 Amount (\$)	Win Red		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 118.20	1776 Wilson Blud., Arlingto	n. VA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Fundraising Legense	Campaign	Services
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NEE	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Win Red		
6/21/2Z 6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 49.25	1774 Wilson Blvd., Ar ling for (a) Category (See Categories listed at the top of this schedule)	VA	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE	Fundraising Expense	Campaign	Services
	(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		
4/23/22	Winked		
Amount (\$)	Payee address;	City;	State; Zip Code
\$275.80	1776 Wilson Blud , Arlington	. VA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
EXPENDITURE	Tundraising Expense	Campaign	g Service 3
	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
Date	Payee name		`
			ا ا
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

SCHEDULE F4

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

		•			
	EXPENDITUR	E CATEGORIES FOR	BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overhead Polling Expense	//Rental Expense Tra Tra e Tra	licitation/Fundraising Expens ansportation Equipment & Rel avel In District avel Out Of District her (enter a category not listed	ated Expens
	The Instruction Gu	ide explains how to compl	ete this form.		
1 Total pages Schedule F4:	2 FILER NAME JACK MORMAN		3 F	ler ID (Ethics Commission	on Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CH	ARGED TO A CRED	IT CARD \$	3,362.36	
5 Date	6 Payee name				
3/29/22	la Guidia				
7 Amount (\$)	8 Payee address;		City;	State; Zip C	ode
\$1,533.45	2002 W. Gray,	Houston, Tx 77	0/9		
9 TYPE OF EXPENDITURE	Political	Non-Politica	•		
10	(a) Category (See Categories listed at t	the top of this schedule) (b) Description		
PURPOSE					
OF EXPENDITURE	Fundraising Expense		Food of Ber		
EXPENDITORE	(c) Check if travel outside of Tex				
	Check it travel outside of tex	as. Complete Schedule 1.	Check if Austin, 17	(, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name Office	sought	Office held	
Date	Payee name				
4 1 14/2 2	Avis Rent-A-Car				
Amount (\$)	Payee address;	<u></u>	City;	State; Zip C	ode
7 tinodin (\$\psi\$)	r dyoo dada coo,		Oity,	Oldio, Zip O	ouc
\$1,526.78	4114 Fairmont P	Kwy., Pasadena,	Tx		
TYPE OF EXPENDITURE	Political	Non-Politica			
PURPOSE OF	Category (See Categories listed at	the top of this schedule)	Description		
EXPENDITURE	Transportulion Equip. + A	Palaka Expense	Car Rental 1	brampaign act	ivition
	Check if travel outside of Tex			X, officeholder living expense	. •
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name Office	sought	Office held	

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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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaring Expense/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME Ack Hornau 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 4/15/2-Z	6 Payee name 7- Mobile
7 Amount (\$)	8 Payee address; City; State; Zip Code
\$295.42	PO Box 742516, Cincinnati, OH 45274
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Office OverLead Campaign Phone
EXPENDITURE	Office Ourstead Campaign Phone (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 4/28/22	Payee name Shaples
Amount (\$)	Payee address; City; State; Zip Code
202.33	19335 Gulf fuy., Webster, TR 77596
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE	Category (See Categories listed at the top of this schedule) Description
OF EXPENDITURE	Office Overhead Campaign Office Supplies
	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
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4

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	EXPENDITURE CATE	GORIES 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/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILERNAME JACK MORMAN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
4/29/22	Enterprise Rent A-Car		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
848.05	3302 Center St., Deci	Pach, TX -77536	·
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE		701	
OF EXPENDITURE	Transp. Equip + Related Ex	rense Véhicle Ren	tel for Campaign
	(c) Check if travel outside of Texas. Complete		stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date .5/6/27	Payee name Harris Co. Regublican	P.,, L.	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 500.00	8588 Katy Fwy., 54.44	5, Houston, 7x 7	7024
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE	Category (See Categories listed at the top of this	s schedule) Description	
OF EXPENDITURE	Contribution Made by Candida	H Campaign Co	a Likeline / SanasarshiD
ZAI ZIIDITOILE	Check if travel outside of Texas. Complete	<u>, , , , , , , , , , , , , , , , , , , </u>	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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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

Accounting/Banking	Fees		ce Overhead/Rental Expense	Transportation Equipment & Rela	
Consulting Expense	Food/Beverage	ge Expense Poll	ling Expense	Travel In District	,
Contributions/Donations Made B Candidate/Officeholder/Politica			nting Expense aries/Wages/Contract Labor	Travel Out Of District	abova)
Candidate/Officerloider/Folitica	Confinitee Legal Service	is Sale	aries/wages/contract Labor	Other (enter a category not listed	above)
	The Instru	uction Guide explains ho	w to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission	n Eilore)
l lotal pages Schedule F4.				3 Filer ID (Ethics Commission	n File(S)
	Jack No	RMAN			
. TOTAL OF LINETERA					
4 TOTAL OF UNITEM	ZEDEXPENDITUR	ES CHARGED TO	A CREDIT CARD	\$	
5 Date	6 Payee name				
-l. l		<i>a</i>			
516122	En Hr prise 8 Payee address;	Kent-A-Car			
7 Amount (\$)	8 Pavee address;		City;	State; Zip Co	nde
(1)			July,	, otato, <u></u> ip oc	,
*	1				
*777.55	22- 61	~ 3. 24	a mal		
	3302 (Ente	-St., DeerPark	11 11934		
9 TYPE OF		· —			
EXPENDITURE	V Political	1	Ion-Political		
10	(a) Category (See Categori	ies listed at the top of this sched	ule) (b) Description		
.0	,,				
PURPOSE					
OF	T . 6	01111	- 1 1 1 1 1 1 1		
EXPENDITURE	Transp. Equip. +	Kelatra Corpors	e Kental Vel	icle for campaign	
		outside of Texas. Complete Schedu	_	ustin, TX, officeholder living expense	
	(-,			acan, 77, cinconcider aving expense	
11	Candidate / Office	ceholder name	Office sought	Office held	
Complete ONLY if direct	Sandidate / Sin	Scholder Harrie	Office 30ugnt	Since field	
expenditure to benefit C/OH					i
	_				
Date	Payee name				
5/13/22	de la serie	0100			
3113166	Zn Kr prise	Kent. A. Car			
Amount (\$)	Payee address;		City;	State; Zip Co	ode
+ 11.00		P			
7561.81	22 0. 1	<1 D- 2	h To mean		
	3302 Cente	er St., Der Park	L. 18 71534		
TYPE OF					
EXPENDITURE	Political	1	Non-Political		
	Category (See Categor	ries listed at the top of this sched	ule) Description		
_					
PURPOSE	·				
OF	Torses 6 +	A.L. I.D.E.	0.1.1161.	la fa Caracia	
EXPENDITURE	Transp. Equip. t	<u>KULKA ZAZIASE</u>	MANAI VENI	le for Campaign	
	Check if travel	outside of Texas. Complete Schedu	ule T. Check if A	ustin, TX, officeholder living expense	
	Candidate / Offi	ceholder name	Office sought	Office held	
Complete ONLY if direct					
expenditure to benefit C/OH					
		-			
					ł
	ATTACH ADDITION	ONAL COPIES OF TH	HIS SCHEDULE AS NE	EDED	
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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

Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made E Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	•	· ·	outer (or not a dategory Hot stated above)
	The instruction Guide expla	ains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	JACK MORMAN		
	TICK TOP TOP TO		
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
5/15/22	T- Mobile		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
· Amount (#)	b rayee address,	City;	State; Zip Code
4			
\$295.42	12 2 TIM 59/2 C	handle and	
	10 Box 742596, Cincin	nati, OH 43219	
9 TYPE OF			
EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
PURPOSE			
OF EXPENDITURE	Office Ourhead	Campaign	Phone
EXI ENDITORE	l —		
	(c) Check if travel outside of Texas. Complet	te Schedule T. Check if Au	stin, TX, officeholder living expense
11			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		/	
Date	Payee name		
r1.5/2			
5/18/22	Chick-Fil-A		
Åmount (\$)	Payee address;	City;	State; Zip Code
age.			
7004.00			
300.00	91015- 0011 12	1. Tummer	
	9101 Speasor Hay., LaPo	MR, /× / (5 /)	
TYPE OF	Political		
EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of the	his schedule) Description	
PURPOSE			
OF	10 1		1/ 1 .
EXPENDITURE	Food Box. Expense	Campaign	Vol. lunches
	Check if travel outside of Texas. Comple		ustin, TX, officeholder living expense
	Officer if dayer outside of Texas. Comple	the Schedule I.	istin, 1A, onicendider living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct		g	
expenditure to benefit C/OH			
	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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/B y Gift/Aw	Expense Beverage Expense vards/Memorials Expense Services	Office Ove Polling Ex Printing Ex		Solicitation/Fundraising Expens Transportation Equipment & Re Travel In District Travel Out of District Other (enter a category not liste	lated Expense
	The	Instruction Guide ex	plains how to d	omplete this form.		1
1 Total pages Schedule F4:	2 FILER NAME	4 MORMAN			3 Filer 1D (Ethics Commission	on Filers)
4 TOTAL OF UNITEM	IZED EXPENDI	TURES CHARG	EDTOACF	REDIT CARD	\$	
5 Date 5/19/22	6 Payee name					
7 Amount (\$)	8 Payee address			City;	State; Zip C	ode
\$300.00	609 Cent	erst., Deer T	Del Tr	77536		
9 TYPE OF EXPENDITURE	Political		Non-Po			
10 PURPOSE	(a) Category (See Category	ategories listed at the top o	of this schedule)	(b) Description		
OF	Food / Ray	6		1	Ca ac 161 h	
EXPENDITURE	(c) Check if	f travel outside of Texas. Com	plete Schedule T.		Campaign Volunteen stin, TX, officeholder living expense	· 5
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate /	/ Officeholder name	C	Office sought	Office held	
Date 5/20/22	Payee name	busa				
Amount (\$)	Payee addres	ıs; o		City;	State; Zip C	ode
\$200.00	1309 Fairs	nort Pleany.	La Poste, T	Tx 77571		
TYPE OF EXPENDITURE	Political	O ·	Non-P			
PURPOSE	Category (See C	Categories listed at the top o	of this schedule)	Description		
OF	F. 1/20	Expense		Canadia	111	
EXPENDITURE				Campaign	ol. Lunchis	
	Checkit	f travel outside of Texas. Com	nplete Schedule T.	Check if Au	istin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	· (Office sought	Office held	
	ATTACH AD	DITIONAL COPIE	S OF THIS S	CHEDULE 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 Consulting Expense Contributions/Donations Made B	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	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 F4:	2 FILER NAME JACK HORMAN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
5/24/22	El Tiempo Garbina 8 Payee address;		\
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$1,677.44	20237 Gulf Fuy., L	sebski, TX 71582	8
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE	→ ~ ▼		
OF Expenditure	Food Box Expense	Wetch Parke	For Campaign Volunteers
	(c) Check if travel outside of Texas. Complete S		ustin, TX, officeholder living expense
11	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Sandidate / Sindanidati Name	Office Sought	
Date	Payee name		
5/25/22	T- Mobile		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,223.18	Po Box 742596, Cincinn	nati. OH 45274	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE		4	
OF EXPENDITURE	Office Overhead	Office Ph	one
	Check if travel outside of Texas. Complete S		ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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ations of coverage.

FROM:

JACK MORMAN RAS. Country Club Dr. Shoreacres, TX 77571

TO:

Harris County Elections Administrators Office Attn: Public Information Po Box 1148, Houston, TX 77251-1148

77251-

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