

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MS	FIRST FRANCISCO	MI
	NICKNAME	LAST MORALES	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		STATE; ZIP CODE TX 78550
	1096 SOUTH "E" ST. HARLINGEN, TX		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER		EXTENSION
	(210) 744-7246		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="checkbox"/> MR	FIRST RICARDO	MI L
	NICKNAME	LAST MORALES	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;		STATE; ZIP CODE
	405 MANHATTAN CIRCLE DONNA TX 78537		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER		EXTENSION
	(956) 566-3805		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year		Month Day Year
	04 / 01 / 2021		THROUGH 04 / 23 / 2021
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 05 / 01 / 2021		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			CITY COMMISSIONER DIST. 4
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<input type="checkbox"/> GENERAL	COMMITTEE NAME	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

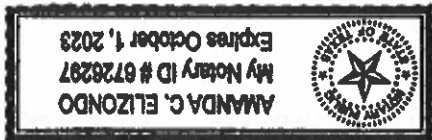
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME FRANCISCO MORALES		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2975⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1668⁴⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Francisco Morales
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by FRANCISCO MORALES this the 23rd day of April, 2021, to certify which, witness my hand and seal of office.

Amanda C. Elizondo AMANDA C. ELIZONDO City Secy
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>FRANCISCO MORALES</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2975⁰⁰</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>100⁰⁰</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1668⁴⁰</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>500⁰⁰</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

*ROTARY CLUB of HEALINGEN SPONSORED THE
EVENT ON APRIL 9TH 2021 BILLED AS STATED
THE CITY. A \$500 CHECK WAS TENDERED BUT
UNDEPOSITED & RETURNED TO MY CAMPAIGN DURING
THIS CYCLE*

MONETARY POLITICAL CONTRIBUTIONS

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 FRANCISCO MORALES		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUBEN PERAZA	7 Amount of contribution (\$) 250⁰⁰
6 Contributor address; City; State; Zip Code 222 W. HARRISON HRL, TX 78550		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 4/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUDY WINSTON	Amount of contribution (\$) 1000⁰⁰
Contributor address; City; State; Zip Code 611 S. INTERNATIONAL WINGERS TX 78596		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SOUL ENGINEERING, LLC
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIA G. GANZA	Amount of contribution (\$) 700⁰⁰
Contributor address; City; State; Zip Code 151 MEDICAL DR. PEARLAND TX 78061		
Principal occupation / Job title (See Instructions) OFFICE MGR.		Employer (See Instructions) SELF - FAMILY MED. CLINIC
Date 4/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERALD KOCHAN	Amount of contribution (\$) 150⁰⁰
Contributor address; City; State; Zip Code 3038 PRIMO BAUSHTAL, ROCKWELL TX 75082		
Principal occupation / Job title (See Instructions) SEMI RETIRED / OWNER		Employer (See Instructions) CTA FOR MILITARY ACQ. STUDIES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 FRANCISCO MORALES		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: OSCAR CANZO	7 Amount of contribution (\$) 300⁰⁰
6 Contributor address; City; State; Zip Code 151 MEDICAL DR. PEARSBALL TX 78061		
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) SELF-FAMILY MEDICAL CLINIC
Date 4/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GILBERT ENRIQUEZ	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code P.O. Box 2999 EDINBURG TX 78540		
Principal occupation / Job title (See Instructions) CONTRACTOR / SELF		Employer (See Instructions) ENRIQUEZ ENTERPRISES
Date 4/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ART GONZALEZ-GOLFERS	Amount of contribution (\$) 75⁰⁰
Contributor address; City; State; Zip Code 1217 So. E" St. HAL. TX 78530		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME FRANCISCO MORALES		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 100⁰⁰	
5 Date 4/4	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARIA DELGADO, Jr.	8 Amount of Contribution \$ 100⁰⁰	9 In-kind contribution description INTERNET SERVICE
7 Contributor address; City: State: Zip Code (914) STONE OAK PKWY SAULSBURY TX 78258		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) IT CONSULTANTS - V.P.		11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF-HELP FOR TECHNOLOGY	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State: Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME FRANCIS MORALES	3 Filer ID (Ethics Commission Filers)
4 Date 4/2/21	5 Payee name ALLEGRA PRINTING	
6 Amount (\$) 512¹³	7 Payee address: City: State: Zip Code 1801 S. 77 SUNSHINE STRIP HALL TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description MAILER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held FRANCISCO MORALES CITY COMMISSIONER #4	
Date 4/6/21	Payee name ALLEGRA PRINTING	
Amount (\$) 956⁹¹	Payee address: City: State: Zip Code 1801 ADVERTISING HALL TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description MAILER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held FRANCISCO MORALES CITY COMMISSIONER #4	
Date 4/6/21	Payee name OFFICE DEPOT	
Amount (\$) 78³⁶	Payee address: City: State: Zip Code 605 S. EXHWY 83 HALL TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ENVELOPES	Description ENVELOPES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held FRANCISCO MORALES CITY COMMISSIONER #4	

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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 complete this form.

1 Total pages Schedule F1	2 FILER NAME FRANCISCO MORALES	3 Filer ID (Ethics Commission Filers)
4 Date 4/15/21	5 Payee name USPS	
6 Amount (\$) 8250	7 Payee address; City; State; Zip Code 221 E. VAN BOREN AVE. HAL TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POSTAGE	(b) Description STAMPS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name FRANCISCO MORALES CITY COMMISSIONER	Office sought CITY COMMISSIONER Office held #4
Date 4/16/21	Payee name USPS	
Amount (\$) 3850	Payee address; City; State; Zip Code 221 E. VAN BOREN HAL TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POSTAGE	Description STAMPS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name FRANCISCO MORALES CITY COMMISSIONER	Office sought CITY COMMISSIONER Office held #4
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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