

# 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 / MR <input checked="" type="checkbox"/>	FIRST <b>FRANCISCO</b>	MI
	NICKNAME	LAST <b>MORALES</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1026 SOUTH E STR. HAL, TX 78550</b>		
	AREA CODE	PHONE NUMBER	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	<b>(210) 744-7246</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <b>RICHARDO</b>	MI <b>L.</b>
	NICKNAME	LAST <b>MORALES</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>405 MANHATTEN CIRCLE DOWNS TX 78537</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 566-3805</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th 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    THROUGH    Month Day Year <b>6 / 12 / 2021</b> THROUGH <b>7 / 15 / 2021</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>6 / 19 / 21</b>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>CITY COMMISSIONER DISTRICT #4</b>	
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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

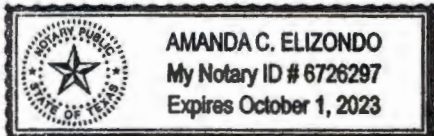
**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> <i>FRANCISCO MORALES</i>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>5300<sup>00</sup></i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5189<sup>73</sup></i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	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 *16<sup>th</sup>* day of *July*, 20*21*, 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

OR

**(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>5300<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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>5789<sup>13</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	\$

# 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 <b>FRANCISCO MORALES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/14/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PERDUE BRANDON FIELDER COLLINS &amp; MOY LLP</b>	7 Amount of contribution (\$) <b>1,500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>P.O. Box McAllen TX 78502</b>		
8 Principal occupation / Job title (See Instructions) <b>KEY</b>		9 Employer (See Instructions) <b>PBF&amp;M LLP</b>
Date <b>6/18/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ORIEGAN INS. AGENCY LLC</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3619 S. BARDEK WESLICO TX 78596</b>		
Principal occupation / Job title (See Instructions) <b>INS. BROKER</b>		Employer (See Instructions) <b>SELF</b>
Date <b>6/24/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NORMAN CONDOVA, JR. LLC</b>	Amount of contribution (\$) <b><del>1200</del> 1200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>12506 BAIL ROAD DR EDINBURG TX 78542</b>		
Principal occupation / Job title (See Instructions) <b>BONDSMAN</b>		Employer (See Instructions) <b>SELF</b>
Date <b>6/24/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GUMECINDO YBARRA</b>	Amount of contribution (\$) <b>300<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2811 E MILE 9 1/2 N. DONNA TX 78537</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>RETIRED</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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: <b>FRANCISCO MONALES</b>		3 Filer ID (Ethics Commission Files)
4 Date: <b>6/12/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OE: _____) <b>PALACIOS, GANZA THOMPSON</b> 6 Contributor address; City: State; Zip Code <b>2724 W CANON RD EDINBURG TX 78539</b>	7 Amount of contribution (\$) <b>1000<sup>00</sup></b>
8 Principal occupation / Job title (See instructions) <b>ATTY.</b>		9 Employer (See instructions) <b>PARTNER</b>
Date: <b>6/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE: _____) <b>GILBERT ENRIQUEZ</b> Contributor address; City: State; Zip Code <b>P.O. Box 7999 EDINBURG TX 78540</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Principal occupation / Job title (See instructions) <b>CONTRACTOR</b>		Employer (See instructions) <b>SELF</b>
Date: <b>6/28</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE: _____) <b>LAIME LARRY MUÑOZ</b> Contributor address; City: State; Zip Code <b>P.O. Box 47 SADDLEROCK TX 78581</b>	Amount of contribution (\$) <b>300<sup>00</sup></b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE: _____) Contributor address; City: State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)

**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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <b>115</b>	2 FILER NAME <b>FRANCISCO MORALES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/16/21</b>	5 Payee name <b>ALLEGRA PRINTING</b>	
6 Amount (\$) <b>156<sup>91</sup></b>	7 Payee address; City; State; Zip Code <b>1801 South 77 Sunshine Strip HRL TX 78550</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP.</b>	(b) Description <b>PUSH CARDS</b>
	(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
Date <b>6/17/21</b>	Payee name <b>LA FODA DE BENNY</b>		
Amount (\$) <b>25<sup>98</sup></b>	Payee address; City; State; Zip Code <b>702 W. HANSON HRL TX 78550</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>BREAKFAST TACOS</b>	
	(c) <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
Date <b>6/17/21</b>	Payee name <b>RICHARD'S RESTAURANT</b>		
Amount (\$) <b>60<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1116 S. COMMERCE HRL TX 78550</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>LUNCH for EMPLOYEES</b>	
	(c) <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
---	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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  | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: <b>2/5</b>	2 FILER NAME <b>FRANCISCO MORALES</b>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date <b>6/17/21</b>	5 Payee name <b>OLIVE GARDEN</b>
--------------------------	-------------------------------------

6 Amount (\$) <b>109<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>HKL TX 78550</b>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	(b) Description <b>DINNER</b>
	(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
---	-------------------------------	---------------	-------------

Date <b>6/17/21</b>	Payee name <b>ABEL L. MORALES / ASH CREEK</b>
------------------------	--

Amount (\$) <b>700<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1108 SOUTH E HKL TX 78550</b>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	Description <b>PAY CANVASSERS</b>
	<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
---	-------------------------------	---------------	-------------

Date <b>6/17/21</b>	Payee name <b>ROSE L. TREVIÑO</b>
------------------------	--------------------------------------

Amount (\$) <b>2,000<sup>00</sup></b>	Payee address; City; State; Zip Code <b>HKL TX 78550</b>
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	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
---	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: **3/5**      2 FILER NAME: **FRANCISCO MORALES**      3 Filer ID (Ethics Commission Filers)

4 Date: **6/18/21**      5 Payee name: **O'REILLY AUTO PARTS**

6 Amount (\$): **83<sup>34</sup>**      7 Payee address; City; State; Zip Code: **801 W. HARRISON HAL TX 78550**

8 PURPOSE OF EXPENDITURE: (a) Category: **Other** (b) Description: **PARTS FOR ADVERTISING TRUCKS**  
 (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: **6/18/21** Payee name: **EL CAYTAN RESTAURANT**

Amount (\$): **53<sup>48</sup>** Payee address; City; State; Zip Code: **601 S. F STREET HAL TX 78550**

PURPOSE OF EXPENDITURE: Category: **Food Exp.** Description: **FOOD EXP.**  
 Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name Office sought Office held

Date: **6/29/21** Payee name: **HEB**

Amount (\$): **31<sup>00</sup>** Payee address; City; State; Zip Code: **613 S. EXPWY 83 HAL TX 78550**

PURPOSE OF EXPENDITURE: Category: **Other** Description: **FUEL**  
 Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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  | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: 4/5      2 FILER NAME FRANCISCO MORALES      3 Filer ID (Ethics Commission Filers)

4 Date 6/27 19/21      5 Payee name SUBWAY

6 Amount (\$) 35<sup>41</sup>      7 Payee address; City; State; Zip Code  
1801 W. HARRISON      HAL      TX      78550

8 PURPOSE OF EXPENDITURE  
 (a) Category (See Categories listed at the top of this schedule) FOOD/BEV. EXPENSE      (b) Description  
 (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 6/29/21      Payee name CLASSIC BAK & GRILL

Amount (\$) 56<sup>58</sup>      Payee address; City; State; Zip Code  
712 N. 77 S. GARDNER STREET HAL      56<sup>58</sup>      78550

PURPOSE OF EXPENDITURE  
 Category (See Categories listed at the top of this schedule) FOOD/BEV. EXPENSE      Description  
 Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date 6/19/21      Payee name REYNA'S BBQ

Amount (\$) 1,290<sup>05</sup>      Payee address; City; State; Zip Code  
2410 TX 54 SPUR      HAL. TX      78550

PURPOSE OF EXPENDITURE  
 Category (See Categories listed at the top of this schedule) FOOD & BEV. EXPENSE AFTER ELECTION PARTY      Description  
 Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 complete this form.

1 Total pages Schedule F1: <b>5/5</b>	2 FILER NAME <b>FRANCISCO MORALES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/28</b>	5 Payee name <b>EL CONTROL</b>	
6 Amount (\$) <b>450<sup>00</sup></b>	7 Payee address; <b>601 S. F STREET HAL TX 78550</b>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEV. EXPENSE</b>	(b) Description <b>APPRECIATION TO WORKERS</b>
	(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
Date <b>7/8/21</b>	Payee name <b>SPECTRUM</b>		
Amount (\$) <b>73<sup>02</sup></b>	Payee address; <b>2309 W. LINCOLN HAL TX 78550</b>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER INTERNET</b>	Description <b>CLOSE OUT ACCT.</b>	
	(c) <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
Date <b>7/13</b>	Payee name <b>FACE BOOK</b>		
Amount (\$) <b>64<sup>96</sup></b>	Payee address; <b>1 HACKER WAY MENLO PK. CA 94025</b>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>BOOST AD</b>	
	(c) <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
---	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**