	ION/AMENDMENT DIDATE/OFFICEH		FORM COR-C/OH
1 Filer ID (Ethics Comn	nission Filers)	2 Total pages filed: 35	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Morgan NICKNAME LAST Calhour	MI 	
4 ORIGINAL REPORT TYPE	Image: Start of the start of t	eeded modified reporting	ort Dete Hand-de Vere Col Date Postmarked Receipt # Amount \$ Date Processed
5 ORIGINAL PERIOD COVERED	Month Day Year 1 ∕ 1 ∕ 23 TH	Month Day	Year Date Imaged
	DRRECTION nount of \$1,236.70 on page 14 licated un itemized total in sch		
7 SIGNATURE I SWE	ear, or affirm, under penalty of	perjury, that this corrected r	eport is true and correct.
Chee	ck ONLY if applicable:	*	
Semiannual mislead or t	reports: I swear, or affirm, that on misrepre-sent the information of	the original report was made in contained in the report.	good faith and without an intent to
date I learne	ts: I swear, or affirm, that I am fil ed that the report as originally file the report as originally filed was	nd is inaccurate or incomplete. made in good faith.	er than the 14th business day after the I swear, or affirm, that any error or Candidate/Officeholder
	Please co	omplete either option be	elow:
(1) Affidavit			
NOTARY STAMP/SEA	AL		
Sworn to and subscribed	before me by Morgan	Calkoun this	the 21 ST day of April.
20 23, to certify	before me by <u>Morgan</u> y which witness my hand and seal of off	Ellen P. Heber	+ Notary
Signature of officer administ	ering oath Printed name	e of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarat	ion		
My name is		, and my date of bi	rth is
My address is			_,,,,,,,,
	(street)		(state) (zip code) (country)
Executed in	County, State of	, on the day of(, 20 nonth) (year)
		Signature of C	Candidate/Officeholder (Declarant)
Remember To Atta	ach Any Part Of The Campaign	Finance Report Form Needed	To Report And Explain Corrections

Γ

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed is considered to have been filed on the date the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.

2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.

4. Original Report Type. Mark the type of report you are correcting.

5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

6. Explanation of Correction. Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

7. Signature. If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder" (an electronic signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 33
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Morgan	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Calhoun	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 6002 Green Meadows Ln., Kat	city; state; zip code ty, TX 77493	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 704-5430	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Lera		Date Processed
	NICKNAME LAST Calhoun	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 10836 FM 686, Dayton, TX 775		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 639-0535	EXTENSION	
9 REPORT TYPE	January 15 🔳 30th day before e	election	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 Day Year 1 / 1 / 23	THROUGH 3	Day Year 27 23
11 ELECTION	ELECTION DATE Month Day Year 5 6 23 General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Katy ISD Schoo	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE: CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME	
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

and the second			
15 C/OH NAME Morgan Calhoun		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)	v \$	95.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,781.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	4,295.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	4,049.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- juired to be reported by me under Title 15, Election Code.	e and correct	and includes all information
	uned to be reported by the under fille 13, Election Code.		
	Signature of Ca		fficebolder
	Please complete either option below	V:	
(1) Affidavit			
NOTARY STAMP/SEA			
	before me by this the	da	w of
	which, witness my hand and seal of office.	ua	y 01,
Signature of officer administe		Title	of officer administering oath
(2) Unsworn Declaration	OR		
(2) Onsworn Declaration			
	, and my date of birth is		
My address is	,,, _,, _		
Executed in	County, State of, on the day of		code) (country) 0 (year)
	Signature of Candid	Jate/Officehold	ler (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	LER NAME 20 Filer ID (Ethics C rgan Calhoun 20 Filer ID (Ethics C	ommis	sion Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	8,545.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,236.70
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	4,295.73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	50.00

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
01/21/2023	6 Contributor address; City; 10836 FM 686, Dayton,	State; Zip Code TX 77535	100.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 01/22/2023	Full name of contributor out-of-state PAC Anita Schiflett	: (ID#:)	Amount of contribution (\$)
01/22/2023	Contributor address; City; 16058 Deer Pines Drive, Conro	State; Zip Code e, TX 77303	100.00
Principal occup Federal Offic	eation / Job title (See Instructions)	Employer (See Instruct Anita Schiflett	ions)
Date 01/26/2023	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Contributor address; City; 4703 Lake Crest Drive, Fulshea	State; Zip Code ar, TX 77441	500.00
Principal occup Manager	pation / Job title (See Instructions)	Employer (See Instruct ConocoPhillips	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
01/28/2023	Contributor address; City; 10836 FM 686, Dayton,	State; Zip Code TX 77535	500.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Jennifer Chavez 01/31/2023 100.00 6 Contributor address: City: State; Zip Code 639 Aldersgate Court, Katy, TX 77450 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Teacher James E. Taylor High School Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Lacey Fleshman 575.00 02/09/2023 Contributor address: City: State; Zip Code 607 Laughing Gull Lane, Texas City, TX 77590 Principal occupation / Job title (See Instructions) Employer (See Instructions) Legal Assistant Roberts, Johnson, and Cain Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) **Rebekah Sturm** 02/09/2023 100.00Contributor address: City; State; Zip Code 1513 Whispering Pines Dr, Katy, TX 77493 Principal occupation / Job title (See Instructions) Employer (See Instructions) ExxonMobil IT Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Jason Roy 02/09/2023 25.00 Contributor address; City; State; Zip Code 17802 Mound Road, Cypress, TX 77433 Principal occupation / Job title (See Instructions) Employer (See Instructions) Communications and Outreach Coordinator Shield Bearer Counseling Centers 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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2023	Donna McElmurry	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 23 Remington Park, Katy		100.00
8 Principal occu /ice Preside	pation / Job title (See Instructions) nt	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
02/10/2023			100.00
Principal occuj /lusic	pation / Job title (See Instructions)	Employer (See Instructi New Wine Church	ons)
Date 02/11/2023	Full name of contributor out-of-state PAC Jennifer Dunn Contributor address; City; 26507 Marble Point Lane, Katy,	State; Zip Code	Amount of contribution (\$)
Principal occu Office Manag	pation / Job title (See Instructions)	Employer (See Instructi Custom Painting	ons)
Date 02/16/2023	Full name of contributor out-of-state PAC Jenny Schneider Contributor address; City; 6210 Pecan Ln, Katy,	State; Zip Code	Amount of contribution (\$)
Principal occur Iomemaker	pation / Job title (See Instructions)	Employer (See Instructi	ons)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	Angey Murray	C (ID#:)	7 Amount of contribution (\$)
02/18/2023	6 Contributor address; City; 3406 South Lake Village Drive, Katy	State; Zip Code	25.00
8 Principal occu Online Editor	pation / Job title (See Instructions)	9 Employer (See Instruct VBR	ions)
Date 02/18/2023	Full name of contributor out-of-state PAC Pamela McQueen	C (ID#:)	Amount of contribution (\$)
02/10/2020	Contributor address; City; 3302 S Lake Village Dr, Katy, 7	State; Zip Code	50.00
Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 02/20/2023	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
0212012023	Contributor address; City; 25419 Walter Peak Lane, Katy,	State; Zip Code , TX 77494	50.00
Principal occup Homemaker	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Jimmy Williams	C (ID#:)	Amount of contribution (\$)
02/28/2023	Contributor address; City; 9731 Cherokee, Baytown, TX 7	State; Zip Code 77521	250.00
	ation / Job title (See Instructions) Dline engineer	Employer (See Instruct Worley	ions)
	ATTACH ADDITIONAL COPIES		FEDED
	If contributor is out-of-state PAC, please see Instr		

	ARY POLITICAL CONTRIBU		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)
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (Victor Perez 6 Contributor address; City; 4715 Bryce Landing Lane, Katy,	(ID#:) State; Zip Code TX 77494	7 Amount of contribution (\$) 350.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 03/01/2023	Full name of contributor out-of-state PAC (Andrew Sunderman City; Contributor address; City; 24 Edmiston Ln., Comfort, TX 78	ID#:) State; Zip Code 8013	Amount of contribution (\$) 2,100.00
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/07/2023	Christine Zuehlke	ID#:) State; Zip Code TX 77493	Amount of contribution (\$)
Principal occup Dietition	pation / Job title (See Instructions)	Employer (See Instructi Davita	ons)
Date 03/07/2023	Full name of contributor out-of-state PAC (Nicole Miller Contributor address; City; 6715 Arrowbrook Cove Lane, Ka	State; Zip Code	Amount of contribution (\$)
Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OI If contributor is out-of-state PAC, please see Instruc		

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MONETARY POLITICAL CONTRIBUTIONS

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)
4 Date	5 Full name of contributor out-of-state PAC (Greg Dalton	ID#:)	7 Amount of contribution (\$)
03/07/2023	6 Contributor address; City; 2119 Grayson Lakes Blvd, Katy,	State; Zip Code	100.00
8 Principal occu Attorney		Employer (See Instruct Gregory J Dalton P(
Date		ID#:)	Amount of contribution (\$)
03/07/2023	Robert BehamContributor address;City;24219 Falcon Point Drive, Katy,	State; Zip Code TX 77494	50.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/07/2023	Full name of contributor out-of-state PAC (Tu Vo Contributor address; City; 26735 Mandrake Falls Court, Katy Ka	ID#:) State; Zip Code tv. TX 77494	Amount of contribution (\$)
Principal occup Software Eng	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/13/2023	Full name of contributor out-of-state PAC (Amount of contribution (\$)
	Contributor address; City; 19639 Sunrise Chase Way, Houston,	State; Zip Code TX 77084	50.00
Principal occup Contractor	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		FEDED
	If contributor is out-of-state PAC, please see Instruct		

If the reque	sted information is not applicable, DO NOT inclu	ude this page in the r	eport.
The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID Jacqueline Sampay)#:)	7 Amount of contribution (\$)
03/17/2023	6 Contributor address; City; 25563 Burnett Ranch Lane, Katy	State; Zip Code , TX 77493	20.00
8 Principal occu Teacher		Employer (See Instruction aty ISD	ons)
Date	Full name of contributor out-of-state PAC (ID#:) James Saba		Amount of contribution (\$)
03/21/2023	Contributor address; City; 4306 Glenirish Drive, Katy, TX 77	State; Zip Code 7494	50.00
Principal occup Consultant	bation / Job title (See Instructions)	Employer (See Instruction NS Project Plannin	
Date	Jack Philley)#:)	Amount of contribution (\$)
03/23/2023	Contributor address; City; 23223 Lidstone Point Court, Katy	State; Zip Code	25.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID		Amount of contribution (\$)
03/23/2023		State; Zip Code TX 77493	50.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruction	ons)

1

MONETARY POLITICAL CONTRIBUTIONS

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)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	l structions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
00//0/0000	Glenn W. Zubler, Jr	
03/16/2023	Contributor address; City; State; Zip Code	50.00
	2807 Carson Drive, Katy, Texas 77493	00.00
Principal occup	Deation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
00/40/0000	Joe Katzman	
03/16/2023	Contributor address; City; State; Zip Code	50.00
	20618 Park Bend Dr, Katy, Texas 77450	00.00
Principal occu	Dation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
03/16/2023	Contributor address; City; State; Zip Code	50.00
	5511 Tyler Park In, Katy, Texas, 77494	50.00
Principal occup	Deation / Job title (See Instructions) Employer (See Instructions)	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	
	If contributor is out-of-state PAC, please see Instruction guide for additio	nal reporting requirements.

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	albaum	3 Filer ID (Ethics Commission Filers)
Morgan C		
4 Date	5 Full name of contributor out-of-state PAC (ID#: Morgan Calhoun	
02/10/2023	6 Contributor address; City; State; Zip Code 6002 Green Meadows Ln., Katy, TX 77493	2,000.00
B Principal occu	pation / Job title (See Instructions) 9 Employer (See Ins	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
	Peter Batura	
3/27/2023	Contributor address; City; State; Zip Code	100.00
	23023 Chelsen Bridge Ln, Katy, Texas, 77450	100.00
Principal occup	ation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	
3/11/2023	Contributor address; City; State; Zip Code	150.00
	13502 Myrtlea Dr, Houston, TX 77079	100.00
Principal occup	bation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
2/22/2023	Contributor address; City; State; Zip Code	300.00
	PO Box 1117 Baytown, Texas 77522	300.00
Principal occup	ation / Job title (See Instructions) Employer (See Inst	ructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to	complete this	form	1 Total pages Schedule A1:
		complete this	, , , , , , , , , , , , , , , , , , , ,	
² FILER NAME Morgan C	alhoun			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Morgan Calhoun		C (ID#:)	7 Amount of contribution (\$)
01/14/2023		City;	State; Zip Code	50.00
	6002 Green Meadows	Ln., Kat	y, TX 77493	00.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	ate Full name of contributor out-of-state PAC (ID#:			Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	ate Full name of contributor out-of-state PAC (ID#:		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITION		OF THIS SCHEDULE AS N uction guide for additional r	

SCHEDULE A2

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

Full name of contributor

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	lule A2: 5		
2 FILER NAME	E		3 Filer ID (Ethics Co	ammigeion Filore)		
Morgan C	Calhoun					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	8		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution		
	Regina Johnson		Contribution \$	Pencils		
03/06/2023	7 Contributor address; City; State;	44.54	Penciis			
	4703 Lake Crest Drive, Fulshear, TX 7744	41	Check if travel outsi	, ide of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
	ome parent	Self				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	.tor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	out-of-state PAC (ID#:)	Amount of	In-kind contribution		
	Blake & Stacey Beckendorff	Contribution \$ description				
03/07/2023	Contributor address; City; State;	167.00	facility			
	28533 Morton Rd., Katy, TX 77493		Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)			
Owner		Self				
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m 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 T	'HIS SCHEDL	JLE AS NEEDED	-		
1	f contributor is out-of-state PAC, please see Instruction	on quide for	additional reporting	a requirements.		

SCHEDULE A2

			······			
	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)		
Morgan (Calhoun					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)		9 In-kind contribution		
	Summer Moon Coffee		Contribution \$	description		
03/07/2023	7 Contributor address; City; State;	83.34	Kickoff party			
	19901 Kingsland Blvd, Houston, Texas 77	Zip Code 7∩Q∕I				
		r	L	ide of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI)	AL)(See Instructions)		
	principal occupation (FOR JUDICIAL)			JDICIAL) (See Instructions)		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of	I In-kind contribution		
	Regina Johnson		Contribution \$	description		
01/18/2023	Contributor address; City; State;	250.00	Website & Graphic			
	4703 Lake Crest Drive, Fulshear, TX 774	141	Check if travel outsid	I de of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	irm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED			
	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting	j requirements.		

SCHEDULE A2

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

T	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:	
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)	
Morgan (Calhoun				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor 🗌 out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution	
	Sarah & Micheal Feigleson		Contribution \$ 162.38	description Kickoff Party	
03/07/2023	7 Contributor address; City; State;	102.00	Photo Station		
	26300 Morton Rd, Katy, TX 77493		Check if travel outsi	 de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI		
	iome parent	II Employe			
	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	In-kind contribution	
Date	Sarah & Micheal Feigleson	Contribution \$	description Push Cards		
03/01/2023	Contributor address; City; State;	144.15			
	26300 Morton Rd, Katy, TX 77493		Check if travel outsi	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
	home parent			-,(,	
	principal occupation (FOR JUDICIAL)	Contribu	butor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
1	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.	

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SCHEDULE A2

T	e Instruction Guide explains how to complete this form	1 Total pages Sched	1 Total pages Schedule A2:					
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)						
Morgan (Calhoun							
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$					
5 Date	6 Full name of contributor out-of-state PAC (ID#:)		9 In-kind contribution				
	Sarah & Micheal Feigleson		Contribution \$ 178.62	description				
02/22/2023	7 Contributor address; City; State;	Zip Code	170.02	T-shirts				
	26300 Morton Rd, Katy, TX 77493		Check if travel outs	' ide of Texas. Complete Schedule T.				
10 Principal oco	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI					
	ome parent	II Employe						
	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JL	IDICIAL) (See Instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution				
	Sarah & Michael Feigleson	Contribution \$	description Graphic Design					
3/15/2023	Contributor address; City; State;	100.00	push cards					
	26300 Morton Rd, Katy, TX 7749	3	Check if travel outsi					
Principle occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)					
-	t home parent	Employe						
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
				1997 - S				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDL	JLE AS NEEDED					
	If contributor is out-of-state PAC, please see Instructi			g requirements.				

SCHEDULE A2

TI	ne Instruction Guide explains how to complete this form	1 Total pages Sched	1 Total pages Schedule A2:			
2 FILER NAM	E	3 Filer ID (Ethics Co	ammission Filers)			
Morgan C	Calhoun					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description		
	Sarah & Micheal Feigleson		106.67	Printing		
03/24/2023	7 Contributor address; City; State;					
	26300 Morton Rd, Katy, TX 77493	1	Check if travel outsi	I ide of Texas. Complete Schedule T.		
-	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.		
Principle occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	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 T					
1	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting	g requirements.		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense ly Gift/Awards/Memorials 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: 14	2 FILER NAME Morgan Calhoun		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2023	5 Payee name My Honey Photography		I
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
190.31	3273 Berzin Ct., Katy, TX	77493	
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Photograp	hy Headshots
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/24/2023	C3 Management		
Amount (\$) 100.00	Payee address; 6255 Willers Way, Houston, TX	City; 77057	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Accounting/Banking		Accounting Service
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	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		
03/17/2023	C3 Management		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	6255 Willers Way, Houston, TX	//05/	
	Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	Accounting/Banking	Bookkeeping/A	Accounting Service
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	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 O	F THIS SCHEDULE AS NEE	DED

SCHEDULE F1

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

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 The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:		AME Calhoun			3 Filer ID (Ethics	s Commission Filers)	
4 Date 02/14/2023	5 Payee na NBD Gr	ame			J		
6 Amount (\$)	7 Payee ad	idress;		City;	State;	Zip Code	
1,958.22	917 S M	ason Rd, Katy, TX 77	450				
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Yard Signs	3		
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Aust	tin, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ime					
02/22/2023	Fulshea	r-Katy Area Chamber	of Com	merce			
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
77.99	29818 F	M 1093, Suite 108, Fu	Ilshear,	TX 77441			
		(See Categories listed at the top of this se	chedule)	Description			
PURPOSE OF EXPENDITURE	Event E	Expense		FFA Chili Coo	okoff		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Aust	in, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
03/23/2023	Ace Har	dware					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
38.93	559 Pin	Oak Rd., Katy, TX	77494				
	Category	(See Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	Advert	tising Expense		T-posts for	Signs		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / 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.**

4 Date 5 01/21/2023 A 6 Amount (\$) 7	FILER NAME lorgan Calhoun Payee name Anedot Payee address; 555 Hilton Ave Suite 106, Bat a) Category (See Categories listed at the top of this su Accounting/Banking		3 Filer ID (Ethics Commission Filers) State; Zip Code
4 Date 5 01/21/2023 A 6 Amount (\$) 7	Payee name nedot Payee address; 555 Hilton Ave Suite 106, Bat a) Category (See Categories listed at the top of this suite)	on Rouge, LA 70808	
F	555 Hilton Ave Suite 106, Bat	on Rouge, LA 70808	
		chedule) (b) Description	
		e fee	
(0	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/22/2023 A	nedot		
Amount (\$) 4.30	Payee address; 555 Hilton Ave Suite 106, Bat	City; on Rouge, LA 70808	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci Accounting/Banking	Description Anedot servic	e fee
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 01/26/2023 A	Payee name nedot		
Amount (\$) 55	Payee address; 555 Hilton Ave Suite 106, Bate	City; on Rouge, LA 70808	State; Zip Code
PURPOSE A OF EXPENDITURE	Category (See Categories listed at the top of this sch ccounting/Banking	Description Anedot service	e fee
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ATTACH ADDITIONAL COPIES (Office sought	Office held

SCHEDULE F1

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

	Advertising Expense Event Expense Loan Repayment/Rei Accounting/Banking Fees Office Overhead/Rei Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Com		xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule F1:	2 FILER N Morgan				3 Filer ID (Ethic	s Commission Filers)
4 Date 01/28/2023	5 Payee na Anedot				L	
6 Amount (\$) 20.30	7 Payee ad 5555 Hil	^{Idress;} ton Ave Suite 106, Ba	ton Ro	^{City;} uge, LA 70808	State;	Zip Code
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this ting/Banking	schedule)	(b) Description Anedot service	e fee	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
01/31/2023	Anedot					
Amount (\$) 4.30	Payee ad 5555 Hil	^{Idress;} ton Ave Suite 106, Ba	ton Ro	City; uge, LA 70808	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s ting/Banking	chedule)	Description Anedot service	e fee	
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
02/09/2023	Anedot					
Amount (\$) 23.30	Payee ac 5555 Hilt	idress; on Ave Suite 106, Bat	ton Rou	City; Jge, LA 70808	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so ing/Banking		Description Anedot service	fee	
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor	Travel In District Travel Out Of District	pment & Related Expense
1 Total pages Schedule F1:		IAME Calhoun			3 Filer ID (Ethic	s Commission Filers)
4 Date 02/09/2023	5 Payee na Anedot					
6 Amount (\$) 4.30	7 Payee a 5555 Hi	^{ddress;} Iton Ave Suite 106, Ba	aton Ro	^{City;} uge, LA 70808	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accour	iting/Banking		Anedot service	e fee	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
02/09/2023	Anedot					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1.30	5555 Hi	Iton Ave Suite 106, Ba	aton Ro	uge, LA 70808		
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Anedot servic	e fee	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
02/10/2023	Anedot					
Amount (\$) 4.30	Payee a 5555 Hil	^{ddress;} ton Ave Suite 106, Ba	iton Roi	City; LIGE, LA 70808	State;	Zip Code
	Category	Y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Anedot service	e fee	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	6 OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expense By Gift/Awards/Memorials Expense Printing Exp		xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense		
1 Total pages Schedule F1:		Calhoun			3 Filer ID (Ethic	cs Commission Filers)	
4 Date 02/10/2023	5 Payeen Anedot	ame			1		
6 Amount (\$) 4.30	7 Payee a 5555 Hi	ilton Ave Suite 106, Ba	aton Ro	City; uge, LA 70808	State;	Zip Code	
8	1	ory (See Categories listed at the top of thi	is schedule)	(b) Description	o foo		
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Anedol Servic	dot service fee		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	ig expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
02/11/2023	Anedot						
Amount (\$) 6.30	Payee a 5555 Hi	ilton Ave Suite 106, Ba	aton Ro	City; uge, LA 70808	State;	Zip Code	
PURPOSE OF EXPENDITURE	-	y (See Categories listed at the top of this nting/Banking	schedule)	Description Anedot servic	e fee		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date 02/16/2023	Payee n						
Amount (\$) 2.30	Payee a 5555 Hi	^{iddress;} Iton Ave Suite 106, Ba	aton Rou	City; LIGE, LA 70808	State;	Zip Code	
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Anedot service	e fee		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
	A1	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repa Office Ove Polling Ex Printing E Salaries/V	ayment/Reimbursement rhead/Rental Expense pense xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:		Calhoun			3 Filer ID (Ethic	s Commission Filers)
4 Date 02/18/2023	5 Payee na Anedot					
6 Amount (\$) 1.30	7 Payee a 5555 Hi	^{ddress;} Iton Ave Suite 106, Ba	aton Ro	^{City;} uge, LA 70808	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Anedot service	e fee	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
02/18/2023	Anedot					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
2.30	5555 Hi	Iton Ave Suite 106, Ba	aton Ro	uge, LA 70808		
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Anedot service	e fee	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
02/20/2023	Anedot					
Amount (\$)	Payee a			City;	State;	Zip Code
2.30	5555 Hil	ton Ave Suite 106, Ba	aton Rou	uge, LA 70808		
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Anedot service	fee	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE 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 B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Ex Printing E Salaries/V	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:		AME Calhoun			3 Filer ID (Ethic	s Commission Filers)
4 Date 02/28/2023	5 Payee na Anedot					
6 Amount (\$)	7 Payee ad	Idress;		City;	State;	Zip Code
10.30	5555 Hil	ton Ave Suite 106, Ba	iton Ro	uge, LA 70808		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Anedot service	e fee	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ime				
02/28/2023	Anedot					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
14.30	5555 Hil	ton Ave Suite 106, Ba	ton Ro	uge, LA 70808		
	Category	/ (See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Accoun	iting/Banking		Anedot service	e fee	x
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
03/01/2023	Anedot					
Amount (\$)	Payee ac			City;	State;	Zip Code
84.30	5555 Hill	ton Ave Suite 106, Ba	ton Rou	uge, LA 70808		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Account	ing/Banking		Anedot service	fee	
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	, TX, officeholder living	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

Forms provided by Texas Ethics Commission

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:		IAME Calhoun			3 Filer ID (Ethic	s Commission Filers)
4 Date 03/07/2023	5 Payee na Anedot				1	
6 Amount (\$) 1.50	7 Payee a 5555 Hi	^{ddress;} Iton Ave Suite 106, Ba	aton Ro	_{City;} uge, LA 70808	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accour	iting/Banking		Anedot servic	e fee	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
03/07/2023	Anedot					
Amount (\$) 2.30	Payee a 5555 Hi	^{ddress;} Iton Ave Suite 106, Ba	aton Ro	^{City;} uge, LA 70808	State;	Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this nting/Banking	schedule)	Description Anedot servic	e fee	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
03/07/2023	Anedot					
Amount (\$) 4.30	Payee a 5555 Hil	^{ddress;} ton Ave Suite 106, Ba	iton Rou	City; Jge, LA 70808	State;	Zip Code
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Anedot service	e fee	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	6 OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking		Event Expense Fees	Loan Repa	ayment/Reimbursement erhead/Rental Expense	Solicitation/Fundrai Transportation Equi	sing Expense pment & Related Expense
Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing Ex	pense	Travel In District Travel Out Of Distri	
orean darar aymoni		The Instruction Guide explain	ns how to c	complete this form.		
1 Total pages Schedule F1:		IAME Calhoun			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame			L	
03/07/2023	Anedot					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
2.30	5555 Hi	lton Ave Suite 106, Ba	aton Ro	uge, LA 70808		
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accourt	iting/Banking		Anedot service	e fee	
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
03/07/2023	Anedot					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
2.30	5555 Hil	ton Ave Suite 106, Ba	aton Ro	uge, LA 70808		
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Accour	ting/Banking		Anedot service	e fee	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
03/13/2023	Anedot					
Amount (\$)	Payee ad			City;	State;	Zip Code
2.30	5555 Hil	ton Ave Suite 106, Bat	ton Rou	ıge, LA 70808		
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Account	ting/Banking		Anedot service	fee	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Ex Printing Ex Salaries/V	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:		AME Calhoun			3 Filer ID (Ethic	cs Commission Filers)
4 Date 03/17/2023	5 Payee na Anedot				1	
6 Amount (\$) 1.10	7 Payee ad 5555 Hil	^{Idress;} ton Ave Suite 106, Ba	iton Ro	^{City;} uge, LA 70808	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Anedot service	e fee	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livir	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
03/21/2023	Anedot					
Amount (\$) 2.30	Payee ac 5555 Hil	^{Idress;} ton Ave Suite 106, Ba	ton Ro	City; uge, LA 70808	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s ting/Banking	chedule)	Description Anedot service	e fee	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
03/23/2023	Anedot					
Amount (\$) 1.30	Payee ac 5555 Hill	idress; on Ave Suite 106, Bat	ton Rou	City; Ige, LA 70808	State;	Zip Code
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Account	ing/Banking		Anedot service	fee	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	-	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule F1:		IAME Calhoun			3 Filer ID (Ethic	s Commission Filers)
4 Date 03/23/2023	5 Payeen Anedot	ame			1	
6 Amount (\$) 2.30	7 Payee a 55555 Hi	^{ddress;} Iton Ave Suite 106, Ba	aton Ro	^{City;} uge, LA 70808	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Anedot Servic	e fee	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
03/17/2023	CAZ Co	onsulting				
Amount (\$) 33.33	Payee a 6255 W	^{ddress;} iller Ways, Houston, T	X 7705	City; 7	State;	Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this Iting Expense	schedule)	Description Consulting Fe	ees	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
03/06/2023	Total W	ine & More				
Amount (\$) 275.82	Payee a 5472 W	ddress; grand Parkway South	, Richm	City; hind, TX 77406	State;	Zip Code
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food/B	everage Expense		Campaign Kic	koff Party	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
	TA	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

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SCHEDULE F1

Revised 8/17/2020

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns 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 Morgan Calhoun		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2023	5 Payee name Hasta La Pasta		
6 Amount (\$) 790.23	 Payee address; 1450 W Grand Parkway S, St 	^{City;} e E, Katy, TX 77494	State; Zip Code
8	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Campaign Ki	ckoff Party
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
01/20/2023	Woodforest bank		
Amount (\$) 15.00	Payee address; Woodforest National Bank, P.	City; O. Box 7889, The Wo	State; Zip Code odlands, TX 77387
10.00			
	Category (See Categories listed at the top of this		
PURPOSE OF EXPENDITURE	Accounting/Banking	Debit card se	etup fee
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/13/2023	Woodforest Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
1.50	Woodforest National Bank, P.	O. Box 7889, The Wo	odlands, TX 77387
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	ATM Balance	Inquiry fee
	Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repa Office Ove Polling Ex Printing E: Salaries/W	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:		IAME Calhoun			3 Filer ID (Ethic	cs Commission Filers)
4 Date ' 02/28/2023	5 Payee n					
6 Amount (\$) 12.00	7 Payee a Woodfo	^{ddress;} rest National Bank, P.	O. Box	city; 7889, The Woo	_{State;} odlands, TX 7	Zip Code 77387
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this hting/Banking	s schedule)	(b) Description Febuary Mont	hly Maintena	nce fee
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date 02/22/2023	Payee na Amy Th	^{ame} ieme Campaign				
Amount (\$)	Payee a 21202 0	ddress; Crescent Star Ct., Katy	, TX 77	City; 2450	State;	Zip Code
PURPOSE OF EXPENDITURE		Y (See Categories listed at the top of this : Expense	schedule)	Description Chili Cookoff I	Booth	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

NTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

0	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1
² FILER NAM		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received Amy Thieme Campaign	8 Amount (\$)
02/20/2023	6 Address of person from whom amount is received; City; State 21202 Crescent Star Ct, Katy, Texas, 77450	25.00
	7 Purpose for which amount is received Check if p Reimbursement for Kat-Fulshear Chamber of Comm	olitical contribution returned to filer Ierce event
Date	Name of person from whom amount is received Mary Ellen Cuzela Campaign	Amount (\$)
02/22/2023	Address of person from whom amount is received; City; Stat 21040 Highland Knolls Suite 200 Katy, Texas, 77450	20.00
	Purpose for which amount is received Check if p Reimbursement for Kat-Fulshear Chamber of Comm	olitical contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State	
Date	Address of person from whom amount is received; City; State	
Date	Address of person from whom amount is received; City; State	; Zip Code
	Address of person from whom amount is received; City; State Purpose for which amount is received Check if p Name of person from whom amount is received	; Zip Code