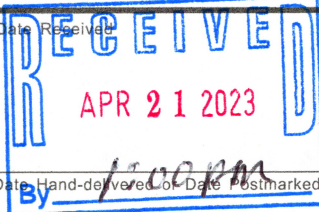


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 35	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	
	NICKNAME LAST SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election Other (specify) _____	Date Received _____ Date Hand-delivered or Date Postmarked _____ By: <u>Morgan Calhoun</u> Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
	5 ORIGINAL PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1</u> / <u>1</u> / <u>23</u> THROUGH <u>3</u> / <u>27</u> / <u>23</u>

6 EXPLANATION OF CORRECTION

1. Miss added amount of \$1,236.70 on page 14, when all in-kind contributions are itemized.
 2. Accidentally duplicated an itemized total in schedule A1 on page 11 of the report.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Morgan Calhoun
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Morgan Calhoun this the 21ST day of April, 2023, to certify which witness my hand and seal of office.

Ellen P. Hebert Ellen P. Hebert Notary
 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 before 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 on or after the eighth day after 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 (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 Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

33

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align:center;">Morgan</p> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align:center;">Calhoun</p>	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6002 Green Meadows Ln., Katy, TX 77493	Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 704-5430	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align:center;">Lera</p> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align:center;">Calhoun</p>	Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10836 FM 686, Dayton, TX 77535	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 639-0535	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 1 / 1 / 23 THROUGH 3 / 27 / 23	
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 23	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Katy ISD School Board
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.	
Additional Pages	COMMITTEE TYPE COMMITTEE NAME <hr/> GENERAL COMMITTEE ADDRESS <hr/> SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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)	\$ 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 LAST DAY OF REPORTING PERIOD	\$ 4,049.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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 Morgan Calhoun		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME 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

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: 10
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Lera Calhoun	7 Amount of contribution (\$) 100.00
01/21/2023	6 Contributor address; <small>City; State; Zip Code</small> 10836 FM 686, Dayton, TX 77535	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Anita Schiflett	Amount of contribution (\$)
01/22/2023	Contributor address; <small>City; State; Zip Code</small> 16058 Deer Pines Drive, Conroe, TX 77303	100.00
Principal occupation / Job title (See Instructions) Federal Officer		Employer (See Instructions) Anita Schiflett
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> K Johnson	Amount of contribution (\$)
01/26/2023	Contributor address; <small>City; State; Zip Code</small> 4703 Lake Crest Drive, Fulshear, TX 77441	500.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) ConocoPhillips
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Lera Calhoun	Amount of contribution (\$)
01/28/2023	Contributor address; <small>City; State; Zip Code</small> 10836 FM 686, Dayton, TX 77535	500.00
Principal occupation / Job title (See Instructions) Retired		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.

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Jennifer Chavez	7 Amount of contribution (\$) 100.00
01/31/2023	6 Contributor address; <small>City; State; Zip Code</small> 639 Aldersgate Court, Katy, TX 77450	
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) James E. Taylor High School
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Lacey Fleshman	Amount of contribution (\$) 575.00
02/09/2023	Contributor address; <small>City; State; Zip Code</small> 607 Laughing Gull Lane, Texas City, TX 77590	
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Roberts, Johnson, and Cain
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Rebekah Sturm	Amount of contribution (\$) 100.00
02/09/2023	Contributor address; <small>City; State; Zip Code</small> 1513 Whispering Pines Dr, Katy, TX 77493	
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) ExxonMobil
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Jason Roy	Amount of contribution (\$) 25.00
02/09/2023	Contributor address; <small>City; State; Zip Code</small> 17802 Mound Road, Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Communications and Outreach Coordinator		Employer (See Instructions) 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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Donna McElmurry 6 Contributor address; City; State; Zip Code 23 Remington Park, Katy, TX 77493	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) SAS
Date 02/10/2023	Full name of contributor out-of-state PAC (ID#: _____) Kay Weaver Contributor address; City; State; Zip Code 403 Petrel Ct, Crosby, TX 77532	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Music		Employer (See Instructions) New Wine Church
Date 02/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Dunn Contributor address; City; State; Zip Code 26507 Marble Point Lane, Katy, TX 77494	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Custom Painting
Date 02/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Jenny Schneider Contributor address; City; State; Zip Code 6210 Pecan Ln, Katy, TX 77493	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Homemaker		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.

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Angey Murray	7 Amount of contribution (\$) 25.00
02/18/2023	6 Contributor address; <small>City; State; Zip Code</small> 3406 South Lake Village Drive, Katy, TX 77450	
8 Principal occupation / Job title (See Instructions) Online Editor		9 Employer (See Instructions) VBR
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Pamela McQueen	Amount of contribution (\$) 50.00
02/18/2023	Contributor address; <small>City; State; Zip Code</small> 3302 S Lake Village Dr, Katy, TX 77450	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Darla Corrigan	Amount of contribution (\$) 50.00
02/20/2023	Contributor address; <small>City; State; Zip Code</small> 25419 Walter Peak Lane, Katy, TX 77494	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Jimmy Williams	Amount of contribution (\$) 250.00
02/28/2023	Contributor address; <small>City; State; Zip Code</small> 9731 Cherokee, Baytown, TX 77521	
Principal occupation / Job title (See Instructions) Project Discipline engineer		Employer (See Instructions) Worley

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		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Victor Perez 6 Contributor address; City; State; Zip Code 4715 Bryce Landing Lane, Katy, TX 77494	7 Amount of contribution (\$) 350.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Andrew Sunderman Contributor address; City; State; Zip Code 24 Edmiston Ln., Comfort, TX 78013	Amount of contribution (\$) 2,100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Christine Zuehlke Contributor address; City; State; Zip Code 3749 Katy Hockley Road, Katy, TX 77493	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) Dietition		Employer (See Instructions) Davita
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Nicole Miller Contributor address; City; State; Zip Code 6715 Arrowbrook Cove Lane, Katy, TX 77493	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Homemaker		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.		

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		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2023	5 Full name of contributor Greg Dalton <small>out-of-state PAC (ID#: _____)</small> 6 Contributor address; City; State; Zip Code 2119 Grayson Lakes Blvd, Katy, TX 77494	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Gregory J Dalton PC
Date 03/07/2023	Full name of contributor Robert Beham <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code 24219 Falcon Point Drive, Katy, TX 77494	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/07/2023	Full name of contributor Tu Vo <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code 26735 Mandrake Falls Court, Katy Katy, TX 77494	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) VA
Date 03/13/2023	Full name of contributor Jackie Sampay <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code 19639 Sunrise Chase Way, Houston, TX 77084	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) STI

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		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2023	5 Full name of contributor Jacqueline Sampay out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 25563 Burnett Ranch Lane, Katy, TX 77493	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Katy ISD
Date 03/21/2023	Full name of contributor James Saba out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4306 Glenirish Drive, Katy, TX 77494	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) KNS Project Planning
Date 03/23/2023	Full name of contributor Jack Philley out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 23223 Lidstone Point Court, Katy, TX 77494	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/23/2023	Full name of contributor Naoko Brittin out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 23 Lakefield Trails, Katy, TX 77493	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		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.		

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		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 occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
03/16/2023	Glenn W. Zubler, Jr <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 2807 Carson Drive, Katy, Texas 77493	50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
03/16/2023	Joe Katzman <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 20618 Park Bend Dr, Katy, Texas 77450	50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
03/16/2023	Xuemei Yang <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 5511 Tyler Park In, Katy, Texas, 77494	50.00
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.

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 Morgan Calhoun		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Morgan Calhoun 6 Contributor address; City; State; Zip Code 6002 Green Meadows Ln., Katy, TX 77493	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Peter Batura Contributor address; City; State; Zip Code 23023 Chelsen Bridge Ln, Katy, Texas, 77450	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Jianing Miers Contributor address; City; State; Zip Code 13502 Myrtlea Dr, Houston, TX 77079	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/2023	Full name of contributor out-of-state PAC (ID#: _____) William E. Wallis Contributor address; City; State; Zip Code PO Box 1117 Baytown, Texas 77522	Amount of contribution (\$) 300.00
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.		

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 Morgan Calhoun		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Morgan Calhoun 6 Contributor address; City; State; Zip Code 6002 Green Meadows Ln., Katy, TX 77493	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

Full name of contributor

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: 5	
2 FILER NAME Morgan Calhoun		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/06/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Johnson 7 Contributor address; City; State; Zip Code 4703 Lake Crest Drive, Fulshear, TX 77441	8 Amount of Contribution \$ 44.54	9 In-kind contribution description Pencils <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Stay at home parent		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self	
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 03/07/2023	<input type="checkbox"/> out-of-state PAC (ID#: _____) Blake & Stacey Beckendorff Contributor address; City; State; Zip Code 28533 Morton Rd., Katy, TX 77493	Amount of Contribution \$ 167.00	In-kind contribution description Use of event facility <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Owner		Employer (FOR NON-JUDICIAL)(See Instructions) Self	
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.

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 Morgan Calhoun		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summer Moon Coffee 7 Contributor address; City; State; Zip Code 19901 Kingsland Blvd, Houston, Texas 77094	8 Amount of Contribution \$ 83.34	9 In-kind contribution description Kickoff party coffee <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self	
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 01/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Johnson Contributor address; City; State; Zip Code 4703 Lake Crest Drive, Fulshear, TX 77441	Amount of Contribution \$ 250.00	In-kind contribution description Website & Graphic Design <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Stay at home parent		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.			

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 Morgan Calhoun		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Micheal Feigleson	8 Amount of Contribution \$ 162.38	9 In-kind contribution description Kickoff Party Photo Station
7 Contributor address; City; State; Zip Code 26300 Morton Rd, Katy, TX 77493		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Stay at home parent		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Micheal Feigleson	Amount of Contribution \$ 144.15	In-kind contribution description Push Cards
Contributor address; City; State; Zip Code 26300 Morton Rd, Katy, TX 77493		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Stay at home parent		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.

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 Morgan Calhoun		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/22/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Micheal Feigleson 7 Contributor address; City; State; Zip Code 26300 Morton Rd, Katy, TX 77493	8 Amount of Contribution \$ 178.62	9 In-kind contribution description T-shirts Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Stay at home parent		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 3/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Michael Feigleson Contributor address; City; State; Zip Code 26300 Morton Rd, Katy, TX 77493	Amount of Contribution \$ 100.00	In-kind contribution description Graphic Design push cards Check if travel outside of Texas. Complete Schedule T.
Principle occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Stay at home parent		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.

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 Morgan Calhoun		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/24/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Micheal Feigleson 7 Contributor address; City; State; Zip Code 26300 Morton Rd, Katy, TX 77493	8 Amount of Contribution \$ 106.67	9 In-kind contribution description Printing
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Stay at home parent		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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
Principle 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)			

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

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: 14	2 FILER NAME Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2023	5 Payee name My Honey Photography	
6 Amount (\$) 190.31	7 Payee address; City; State; Zip Code 3273 Berzin Ct., Katy, TX 77493	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Photography Headshots
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/24/2023	Payee name C3 Management	
Amount (\$) 100.00	Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bookkeeping/Accounting Service
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/17/2023	Payee name C3 Management	
Amount (\$) 500.00	Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bookkeeping/Accounting Service
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2023	5 Payee name NBD Graphics	
6 Amount (\$) 1,958.22	7 Payee address; City; State; Zip Code 917 S Mason Rd, Katy, TX 77450	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/22/2023	Payee name Fulshear-Katy Area Chamber of Commerce	
Amount (\$) 77.99	Payee address; City; State; Zip Code 29818 FM 1093, Suite 108, Fulshear, TX 77441	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description FFA Chili Cookoff
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/23/2023	Payee name Ace Hardware	
Amount (\$) 38.93	Payee address; City; State; Zip Code 559 Pin Oak Rd., Katy, TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-posts for Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2023	5 Payee name Anedot	
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/22/2023	Payee name Anedot	
Amount (\$) 4.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/26/2023	Payee name Anedot	
Amount (\$) 20.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 01/28/2023	5 Payee name Anedot	
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/31/2023	Payee name Anedot	
Amount (\$) 4.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/09/2023	Payee name Anedot	
Amount (\$) 23.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2023	5 Payee name Anedot	
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/09/2023	Payee name Anedot	
Amount (\$) 1.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/10/2023	Payee name Anedot	
Amount (\$) 4.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2023	5 Payee name Anedot	
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/11/2023	Payee name Anedot	
Amount (\$) 6.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/16/2023	Payee name Anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
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4 Date 02/18/2023	5 Payee name Anedot
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6 Amount (\$) 1.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/18/2023	Payee name Anedot
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Amount (\$) 2.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/20/2023	Payee name Anedot
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Amount (\$) 2.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Payee name Anedot	
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/28/2023	Payee name Anedot	
Amount (\$) 14.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/01/2023	Payee name Anedot	
Amount (\$) 84.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2023	5 Payee name Anedot	
6 Amount (\$) 1.50	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/07/2023	Payee name Anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/07/2023	Payee name Anedot	
Amount (\$) 4.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2023	5 Payee name Anedot	
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/07/2023	Payee name Anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/13/2023	Payee name Anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
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4 Date 03/17/2023	5 Payee name Anedot
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6 Amount (\$) 1.10	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot service fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/21/2023	Payee name Anedot
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Amount (\$) 2.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/23/2023	Payee name Anedot
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Amount (\$) 1.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Anedot service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
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4 Date 03/23/2023	5 Payee name Anedot
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6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106, Baton Rouge, LA 70808
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Anedot Service fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/17/2023	Payee name CAZ Consulting
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Amount (\$) 33.33	Payee address; City; State; Zip Code 6255 Willer Ways, Houston, TX 77057
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/06/2023	Payee name Total Wine & More
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Amount (\$) 275.82	Payee address; City; State; Zip Code 5472 W grand Parkway South, Richmind, TX 77406
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Campaign Kickoff Party
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2023	5 Payee name Hasta La Pasta	
6 Amount (\$) 790.23	7 Payee address; City; State; Zip Code 1450 W Grand Parkway S, Ste E, Katy, TX 77494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign Kickoff Party
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/20/2023	Payee name Woodforest bank	
Amount (\$) 15.00	Payee address; City; State; Zip Code Woodforest National Bank, P.O. Box 7889, The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Debit card setup fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/13/2023	Payee name Woodforest Bank	
Amount (\$) 1.50	Payee address; City; State; Zip Code Woodforest National Bank, P.O. Box 7889, The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description ATM Balance Inquiry fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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)

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|--|-------------------------------|--------------------------------|--|
| 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 Morgan Calhoun	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Payee name Woodforest Bank	
6 Amount (\$) 12.00	7 Payee address; City; State; Zip Code Woodforest National Bank, P.O. Box 7889, The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Febuary Monthly Maintenance fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/22/2023	Payee name Amy Thieme Campaign	
Amount (\$) 66.66	Payee address; City; State; Zip Code 21202 Crescent Star Ct., Katy, TX 77450	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Chili Cookoff Booth
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

SCHEDULE K

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 K: **1**

2 FILER NAME

Morgan Calhoun

3 Filer ID (Ethics Commission Filers)

4 Date

02/20/2023

5 Name of person from whom amount is received

Amy Thieme Campaign

6 Address of person from whom amount is received; City; State; Zip Code

21202 Crescent Star Ct, Katy, Texas, 77450

8 Amount (\$)

25.00

7 Purpose for which amount is received Check if political contribution returned to filer

Reimbursement for Kat-Fulshear Chamber of Commerce event

Date

02/22/2023

Name of person from whom amount is received

Mary Ellen Cuzela Campaign

Address of person from whom amount is received; City; State; Zip Code

21040 Highland Knolls Suite 200 Katy, Texas, 77450

Amount (\$)

25.00

Purpose for which amount is received Check if political contribution returned to filer

Reimbursement for Kat-Fulshear Chamber of Commerce event

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

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