

# 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: <b>12</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Raymond</b>	MI <b>V.</b>
	NICKNAME <b>Vic, R Vic</b>	LAST <b>Morgan</b>	SUFFIX <b>II</b>
<b>OFFICE USE ONLY</b>			
Date Received <b>APR 26 2019</b>			
<b>RECEIVED</b> City Secretary			
1:50 pm <b>az</b>			
Date Hand-delivered or Date Postmarked <b>APR 26 2019 1:50 pm az</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		5 CANDIDATE / OFFICEHOLDER PHONE	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>401 Edgewater Victoria TX 77904</b>		AREA CODE PHONE NUMBER EXTENSION <b>(361) 703-1252</b>	
<input type="checkbox"/> Change of Address			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Michael</b>	MI <b>D</b>
	NICKNAME <b>Hummel</b>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		8 CAMPAIGN TREASURER PHONE	
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2306 Wheeler Victoria, TX 77904</b>		AREA CODE PHONE NUMBER EXTENSION <b>(361) 578-3910</b>	
9 REPORT TYPE			
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year      Month Day Year <b>April / 4 / 2019</b> THROUGH <b>April / 26 / 2019</b>			
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month Day Year <b>5 / 4 / 2019</b>		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) <b>N.A.</b>		OFFICE SOUGHT (if known) <b>Mayor, City of Victoria</b>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Raymond V. Morgan II 15 Filer ID (Ethics Commission Filers)

16 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.

GENERAL  
 SPECIFIC

COMMITTEE TYPE

COMMITTEE NAME  
TEPAC Texas Association of Realtors Political Action Committee

COMMITTEE ADDRESS  
P.O. Box 2246 Austin, TX 78768-2246

COMMITTEE CAMPAIGN TREASURER NAME  
Deborah Spangler

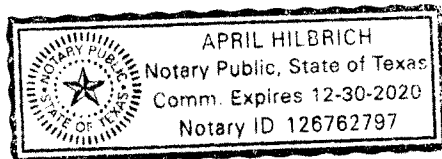
COMMITTEE CAMPAIGN TREASURER ADDRESS  
P.O. Box 2246 Austin, TX 78768-2246

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6520.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3562.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6062.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Raymond V. Morgan II  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Raymond V Morgan, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

April Hilbrich April Hilbrich Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6520.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 270.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ - 0 -
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3562.93
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 425.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 82.00
J.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

**R Vic Morgan**

3 Filer ID (Ethics Commission Filers)

4 Date

**4/3/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Omar Anaral**

7 Amount of contribution (\$)

**\$25.00**

6 Contributor address; City; State; Zip Code

**2503 College Dr. Victoria, TX 77901**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4/4/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Brenna Blevins**

Amount of contribution (\$)

**\$50.00**

Contributor address; City; State; Zip Code

**101 Marimb Ct. Victoria, TX 77901**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/4/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**TREPAC / Texas Association of Realtors PAC**

Amount of contribution (\$)

**\$2,500.00**

Contributor address; City; State; Zip Code

**P.O. Box 2246 Austin TX 78768**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/5/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Mr & Mrs Milton S Greeson, Jr.**

Amount of contribution (\$)

**\$500.00**

Contributor address; City; State; Zip Code

**P.O. Box 2509 Victoria, TX 77902**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

**R Vic Morgan**

3 Filer ID (Ethics Commission Filers)

4 Date

**4/5/19**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Dr + Mrs J.F. (Joe) Dahlstrom**

6 Contributor address; City; State; Zip Code

**305 W. Brazos St. Victoria, TX 77901**

7 Amount of contribution (\$)

**\$ 100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4/5/19**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Debra Williams**

Contributor address; City; State; Zip Code

**1205 Pennsylvania Ave. Victoria, TX 77904**

Amount of contribution (\$)

**\$ 500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/5/19**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**M.V. Jacobs**

Contributor address; City; State; Zip Code

**308 Whitechurch Ln. Victoria, TX 77904**

Amount of contribution (\$)

**\$ 500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/5/19**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Vic Morgan, Jr**

Contributor address; City; State; Zip Code

**401 Edgewater Victoria, TX**

Amount of contribution (\$)

**\$ 425.00**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 4

2 FILER NAME R Vic Morgan

3 Filer ID (Ethics Commission Filers)

4 Date  
4/6/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

Larry & Suzanne Labregue  
6 Contributor address; City; State; Zip Code  
109 Waterstone Victoria, TX 77901

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
4/8/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Dean & Jennifer McDaniel  
Contributor address; City; State; Zip Code  
699 Bedgood Ln. Victoria, TX 77905

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/12/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Suzanne Frahm Kroll  
Contributor address; City; State; Zip Code  
P.O. Box 2742 Victoria, TX 77902

\$70.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/16/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

J. Lack  
Contributor address; City; State; Zip Code  
P.O. Box 2346 Victoria, TX 77901

\$1000.00

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>RVic Morgan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/24/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pete Gallego</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 777 Alpine, TX 79831</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>RVic Morgan</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4/25/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Guitta</u>	8 Amount of Contribution \$ <u>\$135.00</u>	9 In-kind contribution description <u>Electronic Billboard Advertisement</u>
7 Contributor address; City; State; Zip Code <u>2108 N. Wheeler St. Victoria, TX 77904</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Realtor</u>		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 <u>4/25/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marco Porras</u>	Amount of Contribution \$ <u>\$135.00</u>	In-kind contribution description <u>Electronic Billboard Advertisement</u>
Contributor address; City; State; Zip Code <u>109 Willow Way Victoria, TX 77904</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Realtor</u>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>R Vic Morgan</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/5/19</b>	5 Payee name <b>Revista de Victoria</b>	
6 Amount (\$) <b>\$300.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 1412 Victoria, TX 77902</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>4/10/19</b>	Payee name <b>The Club at Colony Creek</b>		
Amount (\$) <b>87.81</b>	Payee address; City; State; Zip Code <b>301 Colony Creek Dr. Victoria, TX 77904</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <b>4/16/19</b>	Payee name <b>Victoria Advocate</b>		
Amount (\$) <b>\$3000.89</b>	Payee address; City; State; Zip Code <b>P.O. Box 1518</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <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

## 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	2 FILER NAME R Vic Morgan	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/19	5 Payee name Sign Crafters	
6 Amount (\$) \$148.80	7 Payee address; City; State; Zip Code 406 W. Water Street Victoria, TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 4/25/19	Payee name Nation Builder	
Amount (\$) \$25.42	Payee address; City; State; Zip Code NationBuilder.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) April Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>1</b>	2 FILER NAME <b>R Vic Morgan</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>3/18/19</b>	6 Payee name <b>Bach to Broadway</b>	
7 Amount (\$) <b>\$425.00</b>	8 Payee address; City; State; Zip Code <b>202 N. Main. Victoria, Tx 77901</b>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <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

Revised 9/8/2015

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

## 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 G: <b>1</b>	2 FILER NAME <b>R Vic Morgan</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/20/19</b>	5 Payee name <b>Individual UHV Students</b>	
6 Amount (\$) <b>60.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>UHV Tag Hall Victoria, TX 77904</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>4/25/19</b>	Payee name <b>CPW Rogers Pharmacy</b>	
Amount (\$) <b>22.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4402 N Laurent St. Victoria, TX 77904</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <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