CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	·		
The GIOH Instruction G	iulde explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Roy ,	MI	OFFICE USE ONLY
	NICKNAME LAST Morales	SUFFIX	Date Received .
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		SITY: STATE; ZIP CODE	Dato HapdidgiRerodyor Belle Postmerked 3
]	105.000	··	Mr. Mary
5 CANDIDATE/ OFFICEHOLDER PHONE	(713) 383-7825	EXTENSION	Recolet # Do handen
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MS. Martha	MI	Date Imaged
NAME	NICKNAME LAST Wong	SUFFIX	·L
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	ITE #; CITY; STATE;	ZIP CODE .
TREASURER ADDRESS (Residence or business)	15 Greenway 16F, Houston, TX 77096	6	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 622- 7888	EXTENSION	
9 REPORTTYPE	January 15 30th day before electio	Final report (Attach C/OH - FR	Exceeded \$500 fimit
	July 15 X 8th day before election		15th day after campaign treasurer appointment (officeholder only)
10 PERIOD COVERED	Month Day Year 05 / 05 / 2007 THRO	UGH 06 / 08	Year 2007
11 ELECTION			General Special
12 OFFICE	OFFICE HELD (if any) Harris County School Trustee Pos 6, Pot	13 OFFICE SOUGHT (if know to 1 Houston City Counc	n) cil At-Large Position 3
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign of Candidates are required to disclose this information.		
EXPENDITURE BY OTHER INDIVIDUALS	Nате	,	
	Address / PO Box; Apt. / Suite #; City; State; 2	Zip Code	
additional pages			
	GO ТО I	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& IOIAL	.5	COVER SHEET PG 2
15 C/OH NAME Mor	ales, Roy	·	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE. FROM POLITICAL	may have been mad	tice of political expenditures by political committees to support the candi e without the candidate's or officeholder's knowledge or consent. Candida If they receive notice of such expenditures.	date / officeholder. These expenditures stes and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL.	COMMITTEE ABORESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
•			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS), UNLESS ITEMIZED	\$ NA
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,300.01
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZI	\$ NA
,	4. TOTAL	POLITICAL EXPENDITURES	\$ 26,381.10
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 876.63
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LY OF THE REPORTING PERIOD	\$ 8,000.00
19 AFFIDAVIT	-		
	RAYMOND LEE Notary Pul State of Te My Commission March 30, 2	Expires Expires	nformation required to be reported by
AFFIX NOTARY STAME	P / SEAL ABOVE	0	
Sworpflo and subscrib	- not _	J	, this the Sta day
New Kur	o De la Jacen	S Ole REV. RAY MONALER YAR	Key
bignature of officer ac	ministering oath	Printed parme of officer administering oath Titl	e of officer administering oath

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
The Instructi	ion Guide explains how to complete this form.		1 Total pages Sche Schedule: 1/1	edule A: 14 Report 3/28
2 FILER NAM	ME MORALES, ROY (MR.)		3 ACCOUNT# (Eth	ilcs Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#: McFall, Donald		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/9/2007	6 Contributor address; City; State; Zip Code		\$200.00]
l		-	(If travel outside	 of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor Out-of-state PAC (ID# Holder, Anna)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/10/2007	Contributor address; City; State; Zip Code		\$25.00	
		1	Translavinia (Cohodulo B
Principal occu	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
I	Yoo, Jason		contribution (\$)	description (if applicable)
5/10/2007	Contributor address; City; State; Zip Code		\$1000.00	
51 1121 000		- 1 (See	•	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions) President	Employer (See I HBS Construc	nstructions) ction, Inc	
Date	Full name of contributor out-of-state PAC (ID# Cweren, Brian		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/10/2007	Contributor address; City; State; Zip Code		\$100.00	<u> </u>
 	H	!	"fr and antelde	The Cabadula B
Principal occu	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Elford, John	,	contribution (\$)	description (if applicable)
5/11/2007	Contributor address; City; State; Zip Code		\$200.00	
		ļ	At travel putelds 4	- Canada Cahadula Ti
Principal occu	upation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instru			requirements.

P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. Schedule: 2/14 Report 4/28 ACCOUNT # (Ethics Commission filers) 2 FILER NAME MORALES, ROY (MR.) In-kind contribution Full name of contributor 7 Amount of Date ut-of-state PAC (ID#: contribution (\$) description (if applicable) Korkmas, Thomas Contributor address; City; State; Zip Code 5/12/2007 \$100.00 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor out-of-state PAC (ID#: Date contribution (\$) description (if applicable) Zamarripa, Mario Contributor address; City; State; Zip Code \$500.00 5/12/2007 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Consultech Owner In-kind contribution Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description (if applicable) Peterson, Robert \$75.00 5/14/2007 City; State; Zip Code Contributor address: (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution ut-of-state PAC (ID#: Full name of contributor Date description (if applicable) contribution (\$) Patel, Hasmukhbhai \$500.00 Contributor address: City: State: Zip Code 5/10/2007 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Best Western Northwest Inn Motel General Manager In-kind contribution Full name of contributor Amount of Date out-of-state PAC (ID#: description (if applicable) contribution (\$) Savage, Priscilla 5/15/2007 Contributor address; City; State; Zip Code \$50.00 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
The Instructi	on Guide explains how to complete this form.		1 Total pages Sche Schedule: 3/	edule A: 14 Report 5/28
2 FILER NAM	ME MORALES, ROY (MR.)		3 ACCOUNT#(Eth	nics Commission filers}
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/15/2007	6 Contributor address; City; State; Zip Code		\$25.00	
			(If travel outside o	। of Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (IC#: Haessly, H.		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/15/2007	Contributor address; City; State; Zip Code		\$50.00	
			((5.4	of Towns and other School of Towns
Principal occi	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
·	Lee, A.E.		contribution (\$)	description (if applicable)
5/28/2007	Contributor address; City; State; Zip Code		\$25.00	
			(If travel outside	 of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/28/2007	Contributor address; City; State; Zip Code		\$500.00	[
			(if travel outside o	l of Texas, complete Schedule T)
Principal occi Presid	upation / Job title (See Instructions) dent	Employer (See Infrastructur	Instructions) e Associates, Inc.	
Date	Full пате of contributor out-of-state PAC (ID#: Lairson, Earl		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/28/2007	Contributor address; City; State; Zip Code		\$100.00	
-				
Principal occu	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
lf c	ATTACH ADDITIONAL COPIE: contributor is out-of-state PAC, please see instr			requirements.

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	IS		SCHEDULE A
The Instruct	ion Guide explains how to complete this form.		1 Total pages Sche Schedule: 4/14	
2 FILER NAM	ME MORALES, ROY (MR.)		3 ACCOUNT# (Eth	nics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID# Garwood, Deborah		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/17/2007	6 Contributor address; City; State; Zip Code		\$50.00	 - -
9 Principal occ	supation / Job title (See Instructions)	10 Employer (See I		, , , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/17/2007	Contributor address; City; State; Zip Code		\$250.00	
Principal occ	cupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: Dupre, Janet		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/16/2007	Contributor address; City; State; Zip Code		\$50.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I	nstructions)	· .
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/20/2007	Contributor address: City: State: Zip Code		\$250.00	 -
			(If travel outside o	। of Texas, complete Schedule T}
Principal occ	supation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#: Meyer, Peter		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/16/2007	Contributor address; City; State; Zip Code		\$200.00	
			fif tunnel autoide	 of Towan - complete Schoolule Ti
Principal occ	supation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
If	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instruc			requirements.

SCHEDULE A

The Instruct	tion Guide explains how to complete this form.		1 Total pages Sche Schedule: 5/14	
2 FILER NAI	ME MORALES, ROY (MR.)		3 ACCOUNT# (Eth	nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#;		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Ferguson, Janiece		, ,	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
5/16/2007	6 Contributor address; City; State; Zip Code		\$100.00	<u> </u>
			(If travel outside	of Texas, complete Schedule T}
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See		······································
Date	Full name of contributor autot-state PAC (ID#		Amount of	In-kind contribution
Date	Van Pelt, Patrick		contribution (\$)	description (if applicable)
5/24/2007	Contributor address; City; State; Zip Code		\$250.00	<u> </u>
			(if travel outside o	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See		r rexus, complete denocula 1)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Moscarelli, Joyce		contribution (\$)	description (if applicable)
5/16/2007	Contributor address; City; State; Zip Code		\$30.00]
				'
		F 1 (0)	 	of Texas,.complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See	instructions)	<u> </u>
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
				·
5/24/2007	Contributor address; City; State; Zip Code		\$1000.00	
Principal occ	supation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
r meipar coc	rapation / Bob uno (Geo manuellona)		ucation Partners	
Date	Full name of contributor out-of-state PAC (ID#: Johnson, Cheryl		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/23/2007	Contributor address; City; State; Zip Code		\$100.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See		
		1		T .
•	ATTACH ADDITIONAL COPIE	S OF THIS FORMAS	SNEEDED	
12	contributor is out of state PAC please see instr		ditional reporting	ea avisamento

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		SCHEDULE A
The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	edule A:
			Schedule: 6/	14 Report 8/28
2 FILER NAM	MORALES, ROY (MR.)	<u> </u>	3 ACCOUNT# (Ett	nics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: Howenstine, John		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/25/2007	6 Contributor address; City; State; Zip Code		\$500.00	
			(if travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		or reads, complete schodule 17
Investme	ent Co Owner	Self Employe	d .	·=·-
Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/24/2007	Contributor address; City; State; Zip Code		\$2000.00	
			(If travel outside a	 of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions) President	Employer (See I Frontier Oil		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Si Ho, Thu-Binh		contribution (\$)	description (if applicable)
5/25/2007	Contributor address; City; State; Zip Code		\$1000.00	
		•	(If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) President	Employer (See I	Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID# Boylan, Michael	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/26/2007	Contributor address; City; State; Zip Code		\$1000.00	
Principal occu	pation / Job title (See Instructions)	Employer (See I Retired		of Texas, complete Schedule T)
Date	Full name of contributorout-of-state PAC (ID#: Pinnell, Robert		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/26/2007	Contributor address; City; State; Zip Code	,	\$75.00	
:			116 4	(T
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
lf c	ATTACH ADDITIONAL COPIES			requirements.

SCHEDULE A

The Instruction	on Guide explains how to complete this form.	,	1 Total pages Sche Schedule: 7/14	
2 FILER NAM	E MORALES, ROY (MR.)		3 ACCOUNT# (Ett	nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Crist, Paul)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/31/2007	6 Contributor address; City; State; Zip Code		\$200.00	
			(If travel outside	l of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		· rozas, complete contegue ()
Date	Full name of contributor	``	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/31/2007	Contributor address; City; State; Zip Code		\$300.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/4/2007	Contributor address; City; State; Zip Code		\$150.00	
_			(If travel outside o	i
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Hotze, Bruce		contribution (\$)	description (if applicable)
6/4/2007	Contributor address; City; State; Zip Code		\$500.00	·
			. If traval outside a	of Toyon gamplete Schodule D
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Chariman	· · · · · · · · · · · · · · · · · · ·	CECO Engine		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	Frost, Charles		contribution (\$)	description (if applicable)
6/4/2007	Contributor address; City; State; Zip Code		\$500.00 .	
			1	
Principal accur	nation / Joh title (See Instructions)	Empleyer (Cara)		f Texas, complete Schedule T)
erincipal occup	pation / Job title (See Instructions) Attorney	Employer (See In Chamberlein Harh	•	
	-			

ATTACH ADDITIONAL COPIES OF THIS FORMAS NEEDED

POLITICAL	CONTRIBUT	ONS
OTHER THA	AN PLEDGES	OR LOANS

SCHEDULE A

The Instruction	ion Guide explains how to complete this form.		1 Total pages Sche Schedule: 8/	edule A: /14 Report 10/28
2 FILER NAM	ME MORALES, ROY (MR.)		3 ACCOUNT#(Eth	sics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Fitzimons, Hugh		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/4/2007	6 Contributor address; City; State; Zip Code		\$100.00	<u> </u>
			(If travel outside	 of Texas, complete Schodule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/4/2007	Contributor address; City; State; Zip Code		\$500.00	
. Directors	Lab Alla (Cas Instructions)	Farriage /Fee		of Texas, complete Schedule T)
	upation / Job title (See Instructions) e Maker	Employer (See I	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/6/2007	Contributor address; City; State; Zip Code		\$100.00	
				of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor □ out-of-state PAC (ID#: Detamore, Donna		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/6/2007	Contributor address; City; State; Zip Code		\$100.00	 - of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
- 6/6/2007	Contributor address; City; State; Zip Code		\$100.00	
		!	ilf travel outside (of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		is tonker sempless community
	<u></u>			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instructi	ion Guide explains how to complete this form.		1 Total pages Sche Schedule: 9/	edule A: 14 Report 11/28
2 FILER NAM	ME MORALES, ROY (MR.)		3 ACCOUNT# (Eth	
4 Date	5 Full name of contributor out-of-state PAC (ID#: Luker, Ernest		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/6/2007	6 Contributor address; City; State; Zip Code Houston, TX		\$150.00	
			(If travel outside	 of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#;		Amount of	In-kind contribution
	Wallace, Lorine		contribution (\$)	description (if applicable)
6/6/2007	Contributor address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , ,	\$100.00	1
			ψ100.00	1
Principal occi	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
				+ ***·
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/6/2007	Contributor address; City; State; Zip Code		\$250.00	1
			(If travel outside	
Principal occu	upation / Job title (See Instructions)	Employer (See I	' 	
Date	Full name of contributor □ out-of-state PAC (ID# Van Dormolen, Deborah LTC (RET)		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/6/2007	Contributor address: City: State: Zip Code		\$250.00	
		!	(If travel outside (of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
i I	Chalmers, Kenedia	1	contribution (\$)	description (if applicable)
6/6/2007	Contributor address; City; State; Zip Code	,	\$200.00	
		!		1
Principal occi	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	pation / 555 the food metrodione,	Employs, (555).	1150 00001.37	
lf c	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instr			requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS	•	SCHEDULE A
The Instructi	on Guide explains how to complete this form.		1 Total pages Sche Schedule: 10	edule A: 114 Report 12/28
2 FILER NAM	ME MORALES, ROY (MR.)		3 ACCOUNT# (Et	nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/6/2007	6 Contributor address; City; State; Zip Code		\$250.00	
				of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/6/2007	Contributor address; City; State; Zip Code		\$50.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ii		of Texas, complete Schedule T)
Findpar occi	, and the (see manualions)	Employer (See ii	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/6/2007	Contributor address; City; State; Zip Code		\$200.00	 pf Texas, complete Schedule T}
Principal occu	pation / Job title (See Instructions)	Employer (See II		,
Date	Full name of contributorout-of-state PAC (IC#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/6/2007	Contributor address; City; State; Zip Code		\$250.00	
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/6/2007	Contributor address; City; State; Zip Code		\$200.00	
			, (if travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		
If c	ATTACH ADDITIONAL COPIES ontributor is out-of-state PAC, please see instru			requirements.

SCHEDULE A

The Instruct	tion Guide explains how to complete this form.		1 Total pages Scho Schedule: 11/	edule A: 114 Report 13/28
2 FILER NAI	ME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor Out-of-state PAC (ID# David Koch Campaign Fund		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/6/2007	6 Contributor address; City; State; Zip Code		\$500.00	·
			(If travel outside	 of Texas, complete Schedule T)
9 Principal occ	eupation / Job title (See Instructions)	10 Employer (See	 	
Date	Full name of contributor ut-of-state PAC (ID#	1	Amount of	In-kind contribution
	Leofsky, Lenore		contribution (\$)	description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code		\$50.00	
Principal occ	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
		Employer (occ		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	Rose, Howard		contribution (\$)	description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code		\$50.00	
			(If travel outside	 of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See I		- Total Complete College of
Date	Full name of contributor	}	Amount of	In-kind contribution
	Ekstrom, Verna		contribution (\$)	description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code		\$25 00	
Principal occi	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		Linployer (See 1	man actions/	,
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
	Hinosa & Associates		contribution (\$)	description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code		\$25.00	
				f Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I	nstructions)	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS	NEEDED	

SCHEDULE A

The Instruct	tion Guide explains how to complete this form.		1 Total pages Sche Schedule: 12	edule A: 2/14 Report 14/28
2 FILER NAM	ME MORALES, ROY (MR.)	<u> </u>	3 . ACCOUNT# (Eth	
4 Date	5 Full name of contributor aut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/7/2007	6 Contributor address; City; State; Zip Code		\$50.00]
		,	(if travel outside	of Texas, complete Schedule T)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	Daspit, Christina		contribution (\$)	description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$100.00	
			ME ol autoida u	
Principal occ	cupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Dennis, Eunice		contribution (\$)	description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code		\$100.00	1
		l		
Principal occ	upation / Job title (See Instructions)	Employer (See I	·	of Texas, complete Schedule T)
	,	Employer (cee .	Hatractions,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Suydam, Pat	!	contribution (\$)	description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code		\$100.00	ı 1
				ı .
Principal occi	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	,	Linpidyo, (dell.		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
	Basaldua, Martin		contribution (\$)	description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code		\$500.00	ľ
			(If travel outside c	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See II		
	hysician	Basaldua & Hell	'er	

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SCHEDULE A

The Instructi	on Guide explains how to complete this form.		1 Total pages Schi Schedule: 13	edule A: 1/14 Report 15/28
2 FILER NAM	MORALES, ROY (MR.)		3 ACCOUNT# (Et	hics Commission filers)
4 Date	Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/7/2007	6 Contributor address; City; State; Zip Code		\$500.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions) Managing Director	10 Employer (See I		
. Date	Full name of contributor □ out-of-state PAC (ID# Duncan, Dan		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code	,	\$500.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) President	Employer (See I Enterprise Prod	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Dominy, David)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code		\$250.00	
·	0.57		(if trave) outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/7/2007	Contributor address; City; State; Zip Code		\$250.00 	
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	netructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Bowman, Matthew		contribution (\$)	description (if applicable)
5/22/2007	Contributor address; City; State; Zip Code		\$1456.20	
			1	
		<u></u> .		f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) President	Employer (See Ir CES Environen		
	HOSMORE	OLO LIMIGREII	- Ioniui	,

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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instructi	on Guide explains how to complete this form.		1 Total pages Schi Schedule: 14	odule A: /14 Report 16/28
2 FILER NAM	ME MORALES, ROY (MR.)		3 ACCOUNT# (EII	nics Commission filers)
4 .Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/22/2007	6 Contributor address; City; State; Zip Code		\$242.45	 ·
			(if travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID# Fremaux, Richard		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/25/2007	Contributor address; City; State; Zip Code		\$96.80	
			(if travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#: Net Media Consultants		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/4/2007	Contributor address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , , ,	\$48.25	
			(If travel outside o	i of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#; Fedorko, John)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/5/2007	Contributor address; City; State; Zip Code		\$242.45	
		•	(If travel outside o	f Texas, complete Schedule T)
Principal occu	petion / Job title (See Instructions)	Employer (See I		
Date	Full name of contributorout-of-state PAC (ID# Harris County Republican Party)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/4/2007	Contributor address; City; State; Zip Code		\$3791.95 	Telemarketing Calls (3 Sets)
Principal occu	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
		, , ,,==		
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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Y (MR.) EMIZED LOANS: der , Roy ress; City; State; neda #806 , TX 77054 Instructions)	form. \$\Rightarrow Rightarrow Ri	1 Total pages Schedule E: Schedule: 2/2 Report 3 ACCOUNT # (Ethics Commit ⇒ ⇒ \$ 10 Inte	
Y (MR.) EMIZED LOANS: der , Roy ress; City; State; neda #806 , TX 77054 Instructions)	⇒ ⇒ ⇒ ⇒ ☐ out-of-state PAC (ID#:	Schedule: 2/2 Report 3 ACCOUNT # (Ethics Commit \$ \$ 10 Inter- 11 Mateuristructions)	nission filers) van Amount (S) \$2000.00 lerest rate .21%
der , Roy ress; City; State; neda #806 , TX 77054	☐ out-of-state PAC (ID#:	⇒ ⇒ \$	an Amount (\$) \$2000.00 terest rate .21%
der , Roy ress; City; State; neda #806 , TX 77054	☐ out-of-state PAC (ID#:	9 Loa \$ 10 Inte 11 Mat	\$2000.00 lerest rate .21%
, Roy ress; City; State; neda #806 , TX 77054	Zip Code Zip Code 13 Employer (See In	\$: 10 Inte 11 Mat instructions)	\$2000.00 lerest rate .21%
neda #806 , TX 77054 Instructions)	13 Employer (See In	11 Mat nstructions)	.21%
Instructions)		nstructions) d	aturity date
		d	
rantor :			
rantor :			
		18 Amo	nount Cuaranteed (\$)
ddress; City; State;	Zip Code		
	20 Employer	1	
der Roy	out-of-state PAC (ID#:		an Amount (\$) 1600.00
ess; City; State;	Zip Code	· · · · · · · · · · · · · · · · · · ·	erest rate 21%
eda #806 FX 77054			lurity date
Instructions)	Employer (See Instructi	ions)	
W. N.			
arantor		Amo	nount Guaranteed (\$)
ddress; City; State;	Zip Code	• • • • • • • • • • • • • • • • • • • •	
	Employer		
ir	ess; City; State; eda #806 FX 77054 Instructions)	ess; City; State; Zip Code eda #806 FX 77054 Instructions) Employer (See Instructions) Self-employed arantor didress; City; State, Zip Code	ess; City; State; Zip Code Integral #806 FX 77054 Employer (See Instructions) Self-employed Amountains, City; State, Zip Code

	POLITIC	CAL EXPENDITURES		SCHEDULE F
	The Instruct	tion Guide explains how to complete this form.		tal pages Schedule F: Schedule: 1/8 Report 19/28
2	FILER NAME	MORALES, ROY (MR.)	3 AC	COUNT # (Ethics Commission filers)
4	Date	5 Payee name NX Media		7 Amount (\$)
	5/5/2007	6 Payee address; City; State; Zip Code		\$218.56
	·			
8	required.)	ment (See instructions regarding type of information nting	9 •• Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH •• Office sought Office held
	(If travel outside	e of Texas, complete Schedule T)		·
	Date	Payee name Sam's Club		Amount (\$)
	5/5/2007	Payee address; City; State; Zip Code		\$38.51
		ment (See instructions regarding type of information co Day Parade decorations	 Complete if direct exp Candidate / Officeholder name 	enditure to benefit C/OH •• Office sought Office held
	(if travel outside	of Texas, complete Schedule T)		
	Date	Payee name Levine, Burt		Amount (\$)
	5/5/2007	Payee address; City; State; Zip Code		\$75.00
		3525 Sage Rd Suite Houston, TX 77056		
ļ -	Purpose of payi	ment (See instructions regarding type of information	 Complete if direct exp Candidate / Officeholder name 	enditure to benefit C/OH Office sought Office held
	Са	mpaign Assistance	Candidate / Cincertotoli Hallie	Office sought Office netu
_	(If travel outsi	de of Texas, complete Schedule T)	,	
	Date	Payee name Sign Here		Amount (\$)
	5/8/2007	Payee address; City; State; Zip Code		\$100.00
		1719 Live Oak Hosuton, TX 77056		
	required)	ment (See instructions regarding type of information mpaign Assistance	•• Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH Office sought Office held
	(if travel outside	of Texas, complete Schedule T)		and the same of th
		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEEDE	D '

	POLITI	ICAL EXPENDITURES			SCHEDULE F
	The Instruc	ction Guide explains how to complete this form.		1 Total pages Schedule:	s Schedule F: 2/8 Report 20/28
2	FILER NAM	MORALES, ROY (MR.)			# (Ethics Commission filers)
4	Date	5 Payee name Katy Printing	· · · · · · · · · · · · · · · · · · ·		7 Amount (\$)
	5/9/2007	6 Payee address; City; State; Zip Code P.O. Box 808 Katy, TX 77492			\$220.20
8	Purpose of pay required.)	eyment (See instructions regarding type of information Printing	9 · · Complete if din Candidate / Officeholder no		to benefit C/OH •• Office sought Office held
L	(If travel outsir	de of Texas, complete Schedule T)			
	Date	Payee name Katy Printing			Amount (\$)
	5/9/2007	Payee address; City; State; Zip Code P.O. Box 808 Katy, TX 77492			\$144.60
	Purpose of pay required.)	syment (See instructions regarding type of information Printing	•• Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought Office held
	(If travel outsid	de of Texas, complete Schedule T)			
	Date	Payee name Katy Printing			Amount (\$)
	5/9/2007	Payee address; City; State; Zip Code P.O. Box 808 Katy, TX 77492		,	\$244.68
	required.)	yment (See instructions regarding type of information Printing	Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought Office held
=	<u> </u>	side of Texas, complete Schedule T)			
	Date 5/11/2007	Payee name Sign Here Payee address; City; State; Zip Code			Amount (\$) \$200.00
		1719 Live Oak Hosuton, TX 77056			
	Purpose of pay required.)	yment (See instructions regarding type of information Campaign Assistance	·· Complete if dire Candidate / Officeholder na		to benefit C/OH · · Office held
<u> </u>	(If travel outsid	de of Texas, complete Schedule T)			
ı		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruct	tion Guide explains how to complete this form.		1 Total pages Schedule	Schedule F: : 3/8 Report 21/28
2 FILER NAME	MORALES, ROY (MR.)		3 ACCOUNT	# (Ethics Commission filers)
4 Date 5/11/2007	5 Payee name Sprint Digital 6 Payee address; City; State; Zip Code 8748 Clay Rd Suite 300 Houston, TX 77080			7 Amount (\$) \$914.71
an an alam al A	ment (See instructions regarding type of information Printing	9 Complete if di Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
(If travel outside	e of Texas, complete Schedule T)		···.	
Date 5/11/2007	Payee name Levine, Burt Payee address; City; State; Zip Code 3525 Sage Rd Suite 509 Houston, TX 77056			Amount (\$) \$75.00
required.)	ment (See instructions regarding type of information Campaign Assistance of Texas, complete Schedule T)	Complete if di Candidate / Officeholder o		to benefit C/OH ** Office sought Office held
Date	Payee name Jackson, Bruce		-	Amount (\$)
5/14/2007	Payee address; City: State: Zip Code Houston, TX			\$60.00
required.) E	ment (See instructions regarding type of information lection Party Secuirty de of Texas, complete Schedule T)	⊷ Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
Date	Payee name		· -	Amount
5/16/2007	Cantino Laredo Payee address; City: State; Zip Code 11129 Westheimer Houston, TX 77042			(\$) \$233.61
required.) El	ment (See instructions regarding type of information ection Watch Party of Texas, complete Schedule T)	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS N	EEDED	

POLITIC	CAL EXPENDITURES			SCHEDU	JLE F
The Instruct	tion Guide explains how to complete this form.		1 Total page: Schedule:	s Schedule F: 4/8 Report 22/28	
2 FILER NAME	MORALES, ROY (MR.)	;		# (Ethics Commission fil	
4 Date	5 Payee name Sign Here			7 Amou	nt
5/17/2007	6 Payee address; City; State; Zip Code 1719 Live Oak Hosuton, TX 77056			\$500.00	
required.)	ment (See instructions regarding type of information Campaign Assistance	9 Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
(If travel outside	e of Texas, complete Schedule T)				
Date	Payee name Business Extension Bureau			Amout (\$)	nt
5/18/2007	Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273			\$5000.00	
l required.)	ment (See instructions regarding type of information rinting	Complete if direct Candidate / Officeholder name		to benefit C/OH •• Office sought	Office held
(If travel outside	of Texas, complete Schedule T)				
Date	Payee name Advantage			Amour (\$)	nt
5/17/2007	Payee address; City; State; Zip Code 2300 Clarendon Suite 1004 Arlington, VA 22201			\$470.34	
required.) Aut	ment (See instructions regarding type of information to Calls de of Texas, complete Schedule T)	•• Complete if direc Candidate / Officeholder nar		to benefit C/OH •• Office sought	Office held
Date	Payee name			Amoun	ıt
5/19/2007	Office Depot Payee address; City: State; Zip Code Houston, TX			\$24.35	
required.) Off	ment (See instructions regarding type of information fice Supplies	• Complete if direc Candidate / Officeholder nen		to benefit C/OH •• Office sought	Office held
(If travel outside	of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED		

POLITIO	CAL EXPENDITURES			SCHEDULE F
The Instruc	ction Guide explains how to complete this form.		1 Total pages Schedu	s Schedule F: ule: 5/8 Report 23/28
2 FILER NAME	MORALES, ROY (MR.)		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name Levine, Burt			7 Amount (\$)
5/20/2007	6 Payee address: City; State; Zip Code 3525 Sage Rd Suite 509 Houston, TX 77056		, , , .	\$75.00
required.)	yment (See instructions regarding type of information impaign Assistance	9 ·· Complete if direction of Candidate / Officeholder na		e to benefit C/OH · · Office sought Office held
(If travel outside	de of Texas, complete Schedule T)			
Date	Payee name Sam's Club			Amount (\$)
5/21/2007	Payee address; City; State; Zip Code Houston, TX			\$28.58
required.) Of	yment (See instructions regarding type of information ffice Supplies e of Texas, complete Schedule T)	· Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Date	Payee name	<u> </u>		A
	Sign Here			Amount (\$)
5/22/2007	Payee address; City: State: Zip Code 1719 Live Oak Hosuton, TX 77056			\$100.00
		, 		
required.)	ment (See instructions regarding type of information ampaign Assistance	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
(If travel outside	de of Texas, complete Schedule T)	<u> </u>		
Date	Payee name Business Extension Bureau			Amount (\$)
5/24/2007	Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273			\$3200.00
required.)	ment (See instructions regarding type of information rinting	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
(If travel outside	e of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruct	tion Guide explains how to complete this form.		1 Total page: Schedule	s Schedule F: e: 6/8 Report 24/28
2 FILER NAME	MORALES, ROY (MR.)		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name Business Extensin Bureau 6 Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273			7 Amount (\$) \$5886.00
required.)	ment (See instructions regarding type of information Printing e of Texas, complete Schedule T)	9 · · Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
Date	Payee name			Amount
5/27/2007	Sign Here Payee address; City; State; Zip Code 1719 Live Oak Hosuton, TX 77056			(\$) \$100.00
required.) Ca	ment (See instructions regarding type of information ampaign Assistance	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
Date	of Texas, complete Schedule T) Payee name			A
5/26/2007	Proguard Payee address: City: State: Zip Code 2913 Old Spanish Trail Houston, TX 77054			Amount (\$) \$169.00
St.	ment (See instructions regarding type of information orage Unit de of Texas, complete Schedule T)	Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	Amount
6/3/2007	Sign Here Payee address; City: State: Zip Code 1719 Live Oak Hosuton, TX 77056			(\$) 100.00
required.) C	nent (See instructions regarding type of information campaign Assistance of Texas, complete Schedule T)	• Complete if dire Candidate / Officeholder na		o benefit C/OH •• Office sought Office held
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POLITIC	CAL EXPENDITURES			SCHEDU	JLE F
The Instruction Guide explains how to complete this form.			1 Total pages Schedule F: Schedule: 7/8 Report 25/28		28
2 FILER NAME	E MORALES, ROY (MR.)	.3	· 3 ACCOUNT # (Ethics Commission filers)		
4 Date	5 Payee name Justin Jordan			7 Amou (\$)	nt
6/4/2007	6 Payee address; City; State; Zip Code 14515 Sweetwater View Houston, TX 77047			\$100.00	
required.)	rment (See instructions regarding type of information ampaign Assistance	9 Complete if direct of Candidate / Officeholder name		to benefit C/OH Office sought	Office held
(If travel outsid	e of Texas, complete Schedule T)				
Date	Payee name KSEV			Amoui (\$)	nt
6/4/2007	Payee address; City; State: Zip Code 11451 Katy Freeway Suite 215 Houston, TX 77079			\$654.50	
required.)	ment (See instructions regarding type of information adio Advertisement	··· Complete if direct e Candidate / Officeholder name		to benefit C/OH •• Office sought	Office held
(If travel outside	e of Texas, complete Schedule T)				
Date	Payee name Business Extension Bureau			Amour (\$)	nt
6/5/2007	Payce address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273			\$2400.00	
required.)	ment (See instructions regarding type of information Printing	Complete if direct e Candidate / Officeholder name		to benefit C/OH Office sought	Office held
(If travel outsi	de of Texas, complete Schedule T)				
Date	Payee name Business Extension Bureau			Amoun (\$)	ıt
6/6/2007	Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273			\$3000.00	
Purpose of payi required.)	ment (See instructions regarding type of information Printing	•• Complete if direct e Candidate / Officeholder name		to benefit C/OH •• Office sought	Office held
(If travel outside	e of Texas, complete Schedule T}				
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POLITIO	CAL EXPENDITURES		SCHEDULE F	
The Instruc	tion Guide explains how to complete this form.	1 Total page Schedule	1 Total pages Schedule F: Schedule: 8/8 Report 26/28	
2 FILER NAME	MORALES, ROY (MR.)	3 ACCOUNT	3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/2007	Payee name Business Extension Bureau City; State; Zip Code		7 Amount (\$) \$521.49	
	P.O. Box 66273 Houston, TX 77266-6273			
required.)	ment (See instructions regarding type of information	9 •• Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held	
(If travel outside	e of Texas, complete Schedule T)			
Date	Payee name Sprint		Amount (\$)	
6/7/2007	Payee address; City; State; Zip Code P.O. Box 219554 Kansas City MO 64121		\$252.86	
Purpose of payment (See instructions regarding type of information required.) Cell Phone Overages		Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held	
	of Texas, complete Schedule T)			
Date	Payee name Sprint Digital		Amount (\$)	
6/7/2007	Payee address; City; State; Zip Code 8748 Clay Rd Suite 300 Houston, TX 77080		914.71	
Purpose of payment (See instructions regarding type of information required.) Printing		Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Office held	
	de of Texas, complete Schedule T)		· · · · · · · · · · · · · · · · · · ·	
Date	Payee name . KSEV		Amount (\$)	
6/8/2007	Payee address; City; State; Zip Code 11451 Katy Freeway Suite 215 Houston, TX 77079		\$359.40	
Purpose of payment (See instructions regarding type of information required.) Radio Advertisement		Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held	
(If travel outside	of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS Total pages Schedule G: The Instruction Guide explains how to complete this form. Schedule: 1/2 Report 27/28 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Date 5 Payee name Amount (\$) Morales, Roy 6 Payee address; City; State; Zip Code \$352.57 5/23/2007 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions X Cell Phone Overages (If travel outside of Texas, complete Schedule T) Date Payee name Amount Morales, Roy (\$) Payee address; City; State; Zip Code \$104.02 5/11,22,31/2007 Reimbursement from political contributions intended Purpose of expenditure (See instructions regarding type of information required.) **Fuel Costs** (If travel outside of Texas, complete Schedule T) Date Payee name Amount Morales, Roy (\$)

6/6/2007	Payee address; City; State; Zip Code	\$11.78
	Purpose of expenditure (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)	X Reimbursement from political contributions intended
Date 5/27/2007	Payee name Morales, Roy 	Amount (\$) \$24.44
	Purpose of expenditure (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)	Reimbursement from political contributions intended
Date 6/1,4,5,6,7/2007	Payee name Morales, Roy Payee address; City; State; Zip Code	Amount (\$) \$203.76
	Purpose of expenditure (See instructions regarding type of information required.) Fuel Costs (If travel outside of Texas, complete Schedule T)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	

	ICAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G	
The Instruc	ction Guide explains how to complete this form.	1 Total pages Scho Schedule: 2/	•	
2 FILER NAM	IE	3 ACCOUNT # (E		
4 Date 5/27/2007	5 Payee name Morales, Roy 6 Payee address; City: State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information requirements)	nuired)	8 Amount (\$) . \$24.44	
	Office Supplies (If travel outside of Texas, complete Schedule T)	ulieu.,	Reimbursement from political contributions intended	
Date 6/6/2007	Payee name Morales, Roy Payee address: City; State; Zip Code		Amount (\$) \$11.78	
	Purpose of expenditure (See instructions regarding type of information requ Office Supplies (If travel outside of Texas, complete Schedule T)	uired.)	X Reimbursement from political contributions intended	
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information require (If travel outside of Texas, complete Schedule T)	uired.)	Amount (\$) . Reimbursement from political contributions intended	
Date :	Payee name Payee address; City; State; Zip Code	,	Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended	
Date	Payee name		Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information requi	ired.)	Reimbursbegent from political contributions intended	
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	S NEEDED		