## 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(Ethic	1 Filer ID(Ethics Commission filers) 2 Total pages filed		
3 CANDIDATE /	MS/MRS/MR	FIRST	MI			
OFFICEHOLDER	Hon.	Rogelio		Date Receive	d	
NAME	NICKNAME	LAST	SUFFIX	10/5/2015	-	
	Roy	Morales	Jr.			
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CIT	Y; STATE; ZIP COI	DE		
OFFICEHOLDER	2450 Louisina St					
MAILING	Suite 400-224			Date Hand-delive	ered or Date Postmarked	
ADDRESS	Houston TX 77006					
Change of address						
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER	(713) 320-8167					
PHONE						
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Receipt #	Amount	
TREASURER	Dr.	Dorothy	E.F.	Date Process	ed	
NAME	NICKNAME	LAST	SUFFIX	Date Imaged		
		Caram				
7 CAMPAIGN	STREET ADDRESS (No PO Box Please	se);	APT/SUITE # ;	CITY; STATE;	ZIP CODE	
TREASURER	2603 Glen Haven					
ADDRESS						
(Residence)	Houston TX 77025					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 665-5398					
	January 15 X 30th day be	fore election	al repport (Attach C/OH - I	FR) Exceeded \$500 limit		
9 REPORT TYPE	July 15 8th day befo	pre election	noff	15th day after campaig	n treasurer appointment(officeholder only)	
10 PERIOD	Month Day	Year		Month	Day Year	
COVERED	7/1/2015		THROUGH	9/2	4/2015	
11 ELECTION	ELECTION DATE	ELECTIO	N TYPE			
	Month Day Year			" <b>.</b>		
	11/3/2015	Primary	Runo	ff X General	Special	
12 OFFICE	OFFICE HELD (if any)	I	13 OFFI	ICE SOUGHT (if known)		
	N/A		City	y Council - At Large F	Position 4	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH

**COVER SHEET PG 2** 

14 FILER NAME Rogelio Morales

15 Filer ID (Ethics Commission Filers
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	expenditures may have	f political contributions accepted or political ex been made without the candidate's or officeh receive notice of such expenditures.	enditures made by political comn older's knowledge or consent. Car	nittees to support the candidate / officeholder. These ndidates and officeholders are required to report this
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME		
FROM				
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)				
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	VIE	
additional pages		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
17 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR NS, OR GUARANTEES OF LOAN		\$
	2 TOTAL POLITIC	CAL CONTRIBUTIONS		
	2			\$17,495.00
		PLEDGES, LOANS, OR GUARAN	,	
EXPENDITURE TOTALS	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR	LESS, UNLESS ITEMIZI	ED \$
	4 TOTAL POLITIC	CAL EXPENDITURES		\$30,042.06
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			Y \$3,786.84
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANE HE REPORTING PERIOD	ING LOANS AS OF THE	\$2,200.00
18 AFFIDAVIT				
		repor	ar, or affirm, under penalt t is true and correct and in ted by me under Title 15,	ty of perjury, that the accompanying ncludes all information required to be Election Code.
				Roy Morales
			Signature of	Candidate or Officeholder
AFFIX NOT STAMP / SE	AL ABOVE			
Sworn to and subscribed	I before me, by the said	t t	, th	is the day
of	, 20	, to certify which, with	ss my hand and seal of o	office.
 Signature of officer admi	nistering oath	Print name of officer admin	stering oath	Title of officer administering oath

## SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

19 F	19 FILER NAME Rogelio Morales       20 Filer ID (Ethics Commission Filers)						
21	S	CHEDULE SUBTOTALS	SUBTOTAL				
	NAME OF SCHEDULE AMOUNT						
1		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	17,495				
2	Γ	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	2200				
3	Γ	SCHEDULE B: PLEDGED CONTRIBUTIONS	0				
4	Γ	SCHEDULE E: LOANS	2200				
5	Γ	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	30,042.06				
6	Γ	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	0				
7	Γ	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTION	NS 0				
8	Γ	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	0				
9	Γ	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH 0				
10	0 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 0						
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 0						

## CANDIDATE / OFFICEHOLDER REPORT: NOTICE FROM POLITICAL COMMITTEE(S)

#### C/OH NAME Rogelio Morales

### FORM C/OH ADDENDUM

ACCOUNT # (Ethics Commission filers)

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.

#### SCHEDULE A1

The Instruction C	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILER NAME I	Rogelio Morales	3 Filer ID (Ethics Commission filers)		
4 Date	Date 5 Full name of contributor out of state PAC(ID# )			
	Abdul Atiya		. ,	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		Houston	TX 77030	\$100.00
8 Principal occ	L upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Enerst Garcia			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/18/2015		Houston	TX 77373	\$50.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Jeffrey Haas			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/20/2015		Houston	TX 77024	\$500.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Owner			Haas Mazada	
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Welcome Wilson			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/22/2015		Houston	TX 77057	\$500.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
Owner				
4 Date	5 Full name of contributor	out of state	PAC(ID# )	

SCHEDULE A	1\
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The location stice		to this former		
The Instruction	n Guide explains how to comple	1 Total Pages Schedule A1:		
2 FILER NAM	E Rogelio Morales			3 Filer ID (Ethics Commission filers)
	Penny Remick			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
7/28/2015		Houston	TX 77027	25.00
8 Principal c	occupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
				T
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Halene Crossman			7 Amount of contributions (\$)
				_
	6 Contributor address;	City;	State; Zip Code	
7/29/2015		Houston	TX 77345	50.00
8 Principal c	occupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Edward Patten		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
8/12/2015		Houston	TX 77020	1,000.00
0/12/2013		Tiousion	17 11020	1,000.00
8 Principal c	occupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Physician	ccupation / Job title (See instructions)			51013)
Physician			Self Employed	
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	R.R. Pennington			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
8/14/2015		Houston	TX 77207	200.00
8 Principal c	beccupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
- 1				
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Fred Griffin			7 Amount of contributions (\$)
				6 of 67

SCHEDULE A	1
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The Instruction	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILER NAME	Rogelio Morales	3 Filer ID (Ethics Commission filers)		
	6 Contributor address;	City;	State; Zip Code	-
8/18/2015		Houston	TX 77027	1,000.00
8 Principal oco	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Owner				
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
•	Steve Moore			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/17/2015		-	·	1 500 00
8/17/2015		Houston	TX 77060	1,500.00
0 Dringingligg	cupation / Job title (See Instructions)		9 Employer (See Instruc	tiono)
				cions)
Owner				
4 Date	5 Full name of contributor	out of state	e PAC(ID# )	
	Perry Seeberger			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	•
8/6/2015		Houston	TX 77092	100.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	e PAC(ID# )	
	Charles Foster	_		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
7/26/2015		Houston	TX 77006	150.00
8 Principal occupation / Job title (See Instructions) 9 I			9 Employer (See Instruc	ctions)
				1
4 Date	5 Full name of contributor	out of state	e PAC(ID# )	
	Demetrius Navarro			7 Amount of contributions (\$)

SCHEDUL	E A1
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The Instruction	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
FILER NAME	Rogelio Morales			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
8/22/2015		Bunker Hill Village	TX 77024	1,000.00
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instr	uctions)
Owner			Navarro Insurance	
L Date	5 Full name of contributor	out of state	PAC(ID# )	
	Steven Finkelman			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/3/2015		Houston	TX 77096	250.00
1 Date	5 Full name of contributor Tadd Tellespen	out of state	PAC(ID# )	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/8/2015		Houston	TX 77063	500.00
3 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instr	uctions)
Owner				
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Jesus Rodriguez			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77011	250.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instr	uctions)

#### SCHEDULE A1

The Instruction G	buide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILER NAME F	Rogelio Morales	3 Filer ID (Ethics Commission filers)		
4 Date	5 Full name of contributor out of state PAC(ID# )			
	Robert Wittman			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/11/2015		Houston	TX 77007	250.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state I	PAC(ID# )	
	Mary A Flores			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/11/2015		Houston	TX 77023	500.00
8 Principal occu Homemaker	upation / Job title (See Instructions)		9 Employer (See Instruc Homemaker	tions)
4 Date	5 Full name of contributor Fred Griffin	out of state I	PAC(ID# )	7 Amount of contributions (\$)
9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77066	1,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Owner				
4 Date	5 Full name of contributor Norman Frede	out of state l	PAC(ID# )	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/22/2015		Houston	TX 77058	1,000.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
Owner			Frede Chevorlet	
4 Date	5 Full name of contributor	out of state I	PAC(ID# )	

SCHEDULE A	1\
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2 FILER NAME Rogelio Morales       3 Filer ID (Ethics Commission filers)         Aloysius Hearing       7         6 Contributor address:       City:       State:       Zip Code         8/28/2015       6 Contributor address:       City:       State:       Zip Code         8       Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7       Amount of contributor         4       Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9'1/2015       City:       State:       Zip Code       200.00         8       Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7       Amount of contributions (\$)         9'1/2015       Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         4       Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9/3/2015       City:       State:       Zip Code       1,000.00         8       Principal occupation / Job title (See Instructions)       8 Employer (See Instructions)       7       Amount of contributions (\$)         9/3/2015       State       City:       State:	The Instruction	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
6 Contributor address:       City:       State:       Zip Code         8/28/2015       9 Employer (See Instructions)       9 Employer (See Instructions)         1       Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9       1       Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9       6 Contributor address;       City:       State:       Zip Code       200.00         9       1       Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9       1       Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         1       Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         1       Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9/3/2015       6 Contributor address:       City:       State:       Zip Code       1,000.00         1       Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$) <td< th=""><th>FILER NAME</th><th>Rogelio Morales</th><th></th><th></th><th>3 Filer ID (Ethics Commission filers)</th></td<>	FILER NAME	Rogelio Morales			3 Filer ID (Ethics Commission filers)
8/28/2015     Houston     TX 77082     300.00       Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)     7       Date     5 Full name of contributor     out of state PAC(ID# )     7       Amount of contribution address;     City;     State;     Zip Code       9/1/2015     6 Contributor address;     City;     State;     Zip Code       9/1/2015     5 Full name of contributor     0 out of state PAC(ID# )     7     Amount of contributions (\$)       Date     5 Full name of contributor     out of state PAC(ID# )     7     Amount of contributions (\$)       Date     5 Full name of contributor     out of state PAC(ID# )     7     Amount of contributions (\$)       9/3/2015     Funcipal occupation / Job title (See Instructions)     9 Employer (See Instructions)     7     Amount of contributions (\$)       9/3/2015     6 Contributor address;     City;     State;     Zip Code     1,000.00       Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)     7     Amount of contributions (\$)       9/3/2015     Full name of contributor     out of state PAC(ID# )     7     Amount of contributions (\$)       9/8/2015     Full name of contributor     out of state PAC(ID# )     7     Amount of contributions (\$)       9/8/2015     Full name of contri		Aloysius Hoang			7 Amount of contributions (\$)
Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Date       5 Full name of contributor       out of state PAC(ID# )         Date       6 Contributor address;       City;       State;       Zip Code         9/1/2015       6 Contributor address;       City;       State;       Zip Code         9/1/2015       Full name of contributor       0 ut of state PAC(ID# )       7       Amount of contributions (\$)         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7       Amount of contributions (\$)         Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9/3/2015       6 Contributor address;       City;       State;       Zip Code       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Retired       7       Amount of contributors (\$)         0 Ann Carpenter		6 Contributor address;	City;	State; Zip Code	-
Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (5)         9/1/2015       City:       State:       Zip Code       200.00         9/1/2015       Houston       TX 77024       200.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7         Date       5 Full name of contributor       out of state PAC(ID# )       7         Date       5 Full name of contributor       out of state PAC(ID# )       7         Date       5 Full name of contributor       out of state PAC(ID# )       7         Date       6 Contributor address;       City:       State:       Zip Code         9/3/2015       Four patients       9 Employer (See Instructions)       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7         Amount of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         0 Ann Carpenter	8/28/2015		Houston	TX 77082	300.00
Daniel Clinton       7       Amount of contributions (\$)         9/1/2015       6 Contributor address;       City;       State;       Zip Code         9/1/2015       Houston       TX 77024       200.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7       Amount of contributions (\$)         Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9/3/2015       6 Contributor address;       City;       State;       Zip Code       7         9/3/2015       6 Contributor address;       City;       State;       Zip Code       1,000.00         Principal occupation / Job title (See Instructions)       8 Employer (See Instructions)       1,000.00       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       7       Amount of contributions (\$)         Principal occupation / Job title (See Instructions)       0 ut of state PAC(ID# )       7       Amount of contributions (\$)         9/8/2015       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9/8/2015       6 Contributor address;       City;       State;       Zip Code       7         9/8/2015       6 Contributo	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
9/1/2015       Houston       TX 77024       200.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9 Employer (See Instructions)         Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         Date       5 Full name of contributor address;       City;       State;       Zip Code       1,000.00         9/3/2015       6 Contributor address;       City;       State;       Zip Code       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       1,000.00       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       1,000.00         Principal occupation / Job title (See Instructions)       9 employer (See Instructions)       1,000.00         Principal occupation / Job title (See Instructions)       0 ut of state PAC(ID# )       7       Amount of contributions (\$)         9/8/2015       Full name of contributor       Out of state PAC(ID# )       7       Amount of contributions (\$)         9/8/2015       Houston       TX 77084       25.00       25.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       25.00         Principal occupation / Job title (See Instructions)	Date		out of state	PAC(ID# )	7 Amount of contributions (\$)
9/1/2015       Houston       TX 77024       200.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9 Employer (See Instructions)         Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         Date       5 Full name of contributor address;       City;       State;       Zip Code       1,000.00         9/3/2015       Houston       TX 77025       1,000.00       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       1,000.00         Principal occupation / Job title (See Instructions)       Retired       7       Amount of contributions (\$)         Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9/8/2015       Funcipal occupation / Job title (See Instructions)       9 Employer (See Instructions)       25.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       25.00         9/8/2015       Houston       TX 77084       25.00         Date       5 Full name of contributor       out of state PAC(ID# )       1 <td></td> <td>6 Contributor address:</td> <td>City:</td> <td>State: Zin Code</td> <td></td>		6 Contributor address:	City:	State: Zin Code	
Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9/3/2015       6 Contributor address;       City;       State;       Zip Code         9/3/2015       Houston       TX 77025       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       1,000.00         Retired       out of state PAC(ID# )       7       Amount of contributions (\$)         Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9/8/2015       6 Contributor address;       City;       State;       Zip Code       7         9/8/2015       6 Contributor address;       City;       State;       Zip Code       7         9/8/2015       Full name of contributor       9 Employer (See Instructions)       25.00       25.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       25.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       25.00	9/1/2015		-		200.00
Dorothy E. Caram       7       Amount of contributions (\$)         6 Contributor address;       City;       State;       Zip Code         9/3/2015       Houston       TX 77025       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       1,000.00         Retired       Out of state PAC(ID# )       7       Amount of contributions (\$)         Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9/8/2015       City;       State;       Zip Code       7       Amount of contributions (\$)         Principal occupation / Job title (See Instructions)       0 et of state PAC(ID# )       7       Amount of contributions (\$)         9/8/2015       For this of contributor       Out of state;       Zip Code       25.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       25.00         Date       5 Full name of contributor       Out of state PAC(ID# )       0         Date       5 Full name of contributor       Out of state PAC(ID# )       0	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
6 Contributor address;       City;       State;       Zip Code         9/3/2015       Houston       TX 77025       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Retired         Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         9/8/2015       6 Contributor address;       City;       State;       Zip Code       Zip Code         9/8/2015       6 Contributor address;       City;       State;       Zip Code       Zip Code         Principal occupation / Job title (See Instructions)       Bemployer (See Instructions)       25.00         Date       5 Full name of contributor       0 et of state PAC(ID# )       25.00         Date       5 Full name of contributor       0 et of state PAC(ID# )       1	Date		out of state	PAC(ID# )	7 Amount of contributions (ft)
9/3/2015       Houston       TX 77025       1,000.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Retired         Retired       0ut of state PAC(ID# )       Retired       7         Date       5 Full name of contributor       out of state PAC(ID# )       7       Amount of contributions (\$)         0 Ann Carpenter       City;       State;       Zip Code       25.00         9/8/2015       Houston       TX 77084       25.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       25.00         Date       5 Full name of contributor       out of state PAC(ID# )       25.00         Date       5 Full name of contributor       0 ut of state PAC(ID# )       25.00         Date       5 Full name of contributor       0 ut of state PAC(ID# )       0 to f state PAC(ID# )		Dorotny E. Caram			Amount of contributions (\$)
Retired       Retired         Date       5 Full name of contributor Jo Ann Carpenter       out of state PAC(ID# ) 7 Amount of contributions (\$)         6 Contributor address;       City;       State;       Zip Code Houston         9/8/2015       Houston       TX 77084       25.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9 Employer (See Instructions)         Date       5 Full name of contributor       out of state PAC(ID# )	9/3/2015	6 Contributor address;	-		1,000.00
Jo Ann Carpenter       7       Amount of contributions (\$)         6 Contributor address;       City;       State;       Zip Code         9/8/2015       Houston       TX 77084       25.00         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9 Employer (See Instructions)         Date       5 Full name of contributor       out of state PAC(ID# )       1		cupation / Job title (See Instructions)			ctions)
9/8/2015     Houston     TX 77084     25.00       Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)     9 Employer (See Instructions)       Date     5 Full name of contributor     out of state PAC(ID# )	Date		out of state	PAC(ID# )	7 Amount of contributions (\$)
Date 5 Full name of contributor out of state PAC(ID# )	9/8/2015	6 Contributor address;	-		- 25.00
Date 5 Full name of contributor out of state PAC(ID# )	Principal or	cupation / Job title (See Instructions)		9 Employer (See Instruc	
					,
Ann Lee 7 Amount of contributions (\$)	Date		out of state	PAC(ID# )	7 Amount of contributions (\$)

SCHEDULE A	1
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The Instruction	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILER NAME	Rogelio Morales			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
9/8/2015		Houston	TX 77096	25.00
8 Principal oc	L cupation / Job title (See Instructions)		9 Employer (See Instruc	L tions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Bonnie Lugo			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/8/2015		Houston	TX 77054	20.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Frank Gullo			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/8/2015		Houston	TX 77040	200.00
8 Principal oco	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Robert Stover			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/8/2015		Houston	TX 77057	100.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)

SCHEDULE	A1
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The Instruction (	Guide explains how to complet	e this form		1 Total Pages Schedule A1:
2 FILER NAME	Rogelio Morales			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Charles Untermeyer			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/8/2015		Houston	TX 77024	500.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Owner			Self Employed	
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Stanley, Frank Rose, L.L.P			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/4/2015		Houston	TX 77024	2,500.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Houston Mobility PAC			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Houston	TX 77002	500.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	1
	Rogelio Morales			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/18/2015		Houston	TX 77006	500.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Lions)
Owner			Self Employed	
4 Date	5 Full name of contributor	out of state	PAC(ID# )	

The Instruction	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 FILER NAME	Rogelio Morales			3 Filer ID (Ethics Commission filers)
	Rogelio Morales			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/10/2015		Houston	TX 77006	700.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Owner			Self Employed	
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Rogelio Morales			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/15/2015		Houston	TX 77006	500.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Owner			Self Employed	
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Rogelio Morales			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/17/2015		Houston	TX 77006	500.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Owner			Self Employed	
	ATTACH ADDITI	ONAL COPIES	OF THIS SCHEDUL	E AS NEEDED
	If contributor is out-of-state PA	C, please see ins	struction guide for addition	onal reporting requirements

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

CONTRIBL	JTIONS					
The Instruction	Guide explains how to comple		1	Total Pages Sch	nedule A2:	
2 FILER NAME	Rogelio Morales			3 Fi	ler ID (Ethics Commis	ssion filers)
4 TOTAL OF UN	NITEMIZED IN-KIND POLITI	CAL CONTRIBU	TIONS	\$		
5 Date	6 Full name of contributor	out of state	PAC(ID# )			
	Anthony Wegman			8	Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address;	City;	State; Zip Code			
8/7/2015		Houston	TX 77009		600.00	
					Check if travel outsi Schedule T	de of Texas, complete
10 Principal occ	cupation / Job title (See Instructions)		11 Employer (See Instru-	ction	s)	
Owner			Lucky's Pub			
5 Date	6 Full name of contributor	out of state	PAC(ID# )			
	Michael Conely			8	Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address;	City;	State; Zip Code			
9/8/2015		Houston	TX 77009		800.00	
					Check if travel outsi Schedule T	de of Texas, complete
10 Principal occ	cupation / Job title (See Instructions)		11 Employer (See Instru-	ction	s)	
V.P.			Ruth's Chris Steak Hous	e		
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE	E AS	S NEEDED	
	If contributor is out-of-state F	PAC, please see ins	truction guide for addition	nal r	eporting requiremer	nts

SCHEDULE A2

PL	EDGED	CONTRIBUTIONS						SCHEDULE B
The	Instruction	Guide explains how to comple	ete this form.			1	Total Pages Sche	dule B:
2 FI	LER NAME	Rogelio Morales				3	Filer ID (Ethics Co	ommission filers)
4	TOTAL O	F UNITEMIZED PLEDGES:	=> => =>	=> => =>				
5	Date	6 Full name of pledgor 7 Pledgor address;	City;		p Code	8	Amount of pledge (\$)	9. In-Kind contribution description
							Schedule T	de of Texas, complete
10	Principal oc	cupation / Job title (See Instructions)		11 Employer (S	See Instruc	tion	IS)	
		ATTACH ADDIT	IONAL COPIES	OF THIS SCHE		S	NEEDED	
		If contributor is out-of-state P	AC, please see inst	ruction guide for a	additional	rep	orting requiremen	ts

LO	ANS						SCHEDULE E
	The	Instruction Guide explains how	to complete this	form.		1	Total Pages Schedule E:
2 FI	LER NAME Ro	gelio Morales				3	Filer ID (Ethics Commission filers)
4	TOTAL	OF UNITEMIZED LOANS:	=> => => =	:> => =;	>		
5	Date of loan	7 Name of lender	out of state PAC(II	D# )			
		Rogelio Morales	_			9	Loan Amount (\$)
	8/18/2015						500.00
6	Is Lender a	8 Lender Address;	City;	State;	Zip Code	10	Interest rate
	Financial		Houston	ТХ	77006		
	Institution?					11	Maturity date
	No						
12	Principal occu	upation / Job title (See Instructi	ons)	13 Empl	oyer (See Instru	uctions	)
	Consultant			Self Emp	loyed		
14	Description o	f collateral		15	Check if perso (See instruction		nds were deposited into political account
r	none			x		,	
16	GUARANTOR	17 Name of guarantor		Λ		19	Amount Guaranteed (\$)
	INFORMATION						
		18 Guarantor address;	City;	State:	Zip Code		
1	not applicable		Ony,	olalo,			
20	Principal Occu			21 Emp	lover		
20					0,01		

2 FILER NAME Rogelio Morales       3 Filer ID         4       TOTAL OF UNITEMIZED LOANS:       => => => => =>         5       Date of loan       7 Name of lender       out of state PAC(ID#)       9         9/15/2015       Rogelio Morales       9       9         6       Is Lender a       8 Lender Address;       City;       State;       Zip Code       10         Institution?       No       11       11       11         12       Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)       Self Employed	Pages Schedule E: (Ethics Commission filers) Loan Amount (\$) 500.00 Interest rate Maturity date
4       TOTAL OF UNITEMIZED LOANS:       => => => => =>         5       Date of loan       7 Name of lender       out of state PAC(ID# )       9         6       Is Lender a       8 Lender Address;       City;       State;       Zip Code       10         6       Is Lender a       8 Lender Address;       City;       State;       Zip Code       10         11       Institution?       No       11       11         12       Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)       Self Employed         14       Description of collateral       15       Check if personal funds we	Loan Amount (\$) 500.00 Interest rate
5       Date of loan       7 Name of lender       out of state PAC(ID#)       9         9/15/2015       Rogelio Morales       9         6       Is Lender a       8 Lender Address;       City;       State;       Zip Code       10         Financial       Institution?       Houston       TX       77006       11         12       Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)       Self Employed         14       Description of collateral       15       Check if personal funds we	500.00 Interest rate
9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         11         11         12         Principal occupation / Job title (See Instructions)         13         13         14         Description of collateral	500.00 Interest rate
9/15/2015       8 Lender Address;       City;       State;       Zip Code       10         Financial Institution? No       Houston       TX       77006       11         12       Principal occupation / Job title (See Instructions) Consultant       13 Employer (See Instructions) Self Employed       13 Employed         14       Description of collateral       15       Check if personal funds we	500.00 Interest rate
6       Is Lender a       8 Lender Address;       City;       State;       Zip Code       10         Financial       Houston       TX       77006       11         Institution?       Institution?       11       11         No       Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)         Consultant       Self Employed       15	Interest rate
Financial Institution?     Houston     TX     77006       No     11       12     Principal occupation / Job title (See Instructions) Consultant     13 Employer (See Instructions) Self Employed       14     Description of collateral     15     Check if personal funds we	
Institution?     11       No     11       12     Principal occupation / Job title (See Instructions)     13 Employer (See Instructions)       Consultant     Self Employed       14     Description of collateral     15	Maturity date
No       13       Employer (See Instructions)         12       Principal occupation / Job title (See Instructions)       13       Employer (See Instructions)         12       Consultant       Self Employed       14         14       Description of collateral       15       Check if personal funds we	Maturity date
12       Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)         12       Consultant       Self Employed         14       Description of collateral       15	
Consultant     Self Employed       14     Description of collateral     15     Check if personal funds we	
14 Description of collateral 15 Check if personal funds we	
(See Instructions)	re deposited into political account
none     X       16     GUARANTOR     17 Name of guarantor     19	Amount Guaranteed (\$)
	Amount Guaranteeu (\$)
INFORMATION 18 Guarantor address; City; State; Zip Code	
20 Principal Occupation 21 Employer	
5 Date of loan 7 Name of lender out of state PAC(ID# )	
Rogelio Morales 9	Loan Amount (\$)
9/10/2015	700.00
Is Lender a         8 Lender Address;         City;         State;         Zip Code         10	Interest rate
Financial Houston TX 77006	
Institution? 11	Maturity date
No	
Principal occupation / Job title (See Instructions)         13 Employer (See Instructions)	
Consultant Self Employed	
(See instructions)	re deposited into political accoun
none X	
16     GUARANTOR     17 Name of guarantor     19	Amount Guaranteed (\$)
INFORMATION 18 Guarantor address; City; State; Zip Code	
not applicable	

LO	LOANS						SCHEDULE E	
	The	Instruction Guide explains	how to complete this	form.		1	Total Pages Schedule E:	
2 FI	LER NAME Rog	gelio Morales				3	Filer ID (Ethics Commission filers)	
4	TOTAL (	OF UNITEMIZED LOANS:	=> => => =	> => =	>			
						-		
5	Date of loan	7 Name of lender	out of state PAC(II	)#)				
		Rogelio Morales				9	Loan Amount (\$)	
	9/17/2015						500.00	
6	Is Lender a	8 Lender Address;	City;	State;	Zip Code	10	Interest rate	
	Financial		Houston	ТХ	77006			
	Institution?					11	Maturity date	
	No							
12	Principal occu	upation / Job title (See Ins	tructions)	13 Empl	loyer (See Instr	uctions	3)	
14	Description o	f collateral		15	Check if perso (See instruction		nds were deposited into political account	
l r	Inone					5113)		
16	GUARANTOR	17 Name of guarantor				19	Amount Guaranteed (\$)	
	INFORMATION					19		
	INFORMATION		0//		7. 0. 4.	-		
r		18 Guarantor address;	City;	State;	Zip Code			
	not applicable							
	<u> </u>							
20	Principal Occu	pation		21 Emp	loyer			
		ATTACH ADDITI	ONAL COPIES OF					

	The Instruction Guide	explains how to complete this for	m			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mor	ales	3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name		·			
7/14/2015	Northwest Pachyderm					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
35.00	7232 Wynnwood Ln					
	Houston TX 77008					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of T	Fexas, complete Schedule T			
		Check if Austin, TX, office	holder living expense			
	Fees	Membership				
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held			
expendituree to benefit C/OH	Candidate / Oncenduel hame	Unice sought				
	Roy Morales Campaign	City Council - At Large Position	4 N/A			
4 Date	5 Payee name					
7/16/2015	Houston Realty Breakfast	Club				
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
50.00	1233 West Loop S. STE 90	0				
	Houston TX 77027					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of T	Fexas, complete Schedule T			
		Check if Austin, TX, office	holder living expense			
	Event Expense	Breakfast Presen	tation			
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held			
expendituree to benefit C/OH		onice sought				
	Roy Morales Campaign	City Council - At Large Position	4 N/A			
4 Date	5 Payee name					
7/17/2015	Houston Sign Company					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
494.47	5801 Chimney Rock					
	Houston TX 77081					

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mora	les	3 Filer ID (Ethics Commission filers)			
	Printing Expense	Check if travel outside of Te Check if Austin, TX, officeho Signs				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	-	ffice held			
	Roy Morales Campaign	City Council - At Large Position 4	N/A			
4 Date 7/10/2015	5 Payee name VNCH					
6 Amount (\$) 200.00	<ul> <li>7 Payee address; City;</li> <li>7100 Clarewood Dr</li> <li>Houston TX 77036</li> </ul>	State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Presentation Fee				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	U U	ffice held			
	Roy Morales Campaign	City Council - At Large Position 4	N/A			

	The Instruction Guide	explains how to	complete this for	m	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mora	-		3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name				
7/22/2015	Pronto Signs				
6 Amount (\$)	7 Payee address; City;	State;	Zip Code		
173.20	8926 Clarkcrest St		·		
	Houston TX 77063				
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense		f travel outside of T	exas, complete Schedule T nolder living expense	
<ul> <li>9 Complete ONLY if direct expendituree to benefit C/OH</li> </ul>	Candidate / Officehoder name Roy Morales Campaign	office sought City Council -	At Large Position 4	office held 4 N/A	
4 Date	5 Payee name				
7/23/2015					
6 Amount (\$)	Art Lopez 7 Payee address; City;	State;	Zip Code		
500.00	1601 Nagle	olalo,			
	Houston TX 77002				
8 PURPOSE OF EXPENDITURE	(a) Category Fees		f travel outside of T	exas, complete Schedule T nolder living expense ant	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held	
	Roy Morales Campaign	City Council -	At Large Position	4 N/A	
4 Date	5 Payee name				
7/23/2015	Art Lopez				
6 Amount (\$) 500.00	<ul><li>7 Payee address; City;</li><li>1601 Nagle</li></ul>	State;	Zip Code		
	Houston TX 77002				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	n		

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	)S	3 Filer ID (Ethics Commission filers)			
	Fees	Check if travel outside of Te Check if Austin, TX, officeho Outreach Consulta	older living expense			
9 Complete ONLY if direct expendituree to benefit C/OH       Candidate / Officehoder name       office sought       office held         Roy Morales Campaign       City Council - At Large Position 4       N/A						
	Roy Morales Campaign					
4 Date 7/23/2015	5 Payee name Art Lopez					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
500.00	1601 Nagle					
	Houston TX 77002					
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Outreach Consulta	older living expense			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held			
	Roy Morales Campaign	City Council - At Large Position 4	N/A			

	The Instruction Guide	e explains how to	complete this for	m.		
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mor	rales		3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name			-		
7/25/2015	Clear Lake AreaRepublicans					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
30.00	P.O. Box 590444					
	Houston TX 77259					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	n			
		Check i	if travel outside of T	Fexas, complete Schedule T		
		Check i	if Austin, TX, officel	holder living expense		
	Fees		Membership			
				<i>—</i>		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held		
	Roy Morales Campaign	City Council -	At Large Position	4 N/A		
4 Date	5 Payee name					
7/25/2015	Clear Lake AreaRepublic	ans				
6 Amount (\$)	7 Payee address; City;	State;	Zip Code			
20.00	P.O. Box 590444					
	Houston TX 77259					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	n			
		Check i	if travel outside of T	Fexas, complete Schedule T		
		Check i	if Austin, TX, officel	holder living expense		
	Event Expense		Event			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held		
	Roy Morales Campaign	City Council -	At Large Position	4 N/A		
4 Date	5 Payee name					
7/22/2015		on Womon				
6 Amount (\$)	<b>Kingwood Area Republica</b> <b>7</b> Payee address; City;	State;	Zip Code			
100.00	P.O. Box 5906	οιαιο,				
100.00	F.U. DUX 0900					
	Kingwood TX 77325					
	I KINGWOOD IN TIGES					

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Moral	es	3 Filer ID (Ethics Commission filers)		
	Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of Te Check if Austin, TX, officeh Parade			
9 Complete ONLY if direct expendituree to benefit C/OH       Candidate / Officehoder name       office sought       office held         Roy Morales Campaign       City Council - At Large Position 4       N/A					
4 Date 7/31/2015	5 Payee name Houston Sign Company				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
1,534.31	5801 Chimney Rock Houston TX 77081				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Printing Expense	Check if travel outside of Te Check if Austin, TX, officeh Signs			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held		
	Roy Morales Campaign	City Council - At Large Position 4	N/A		

	The Instruction Guide	explains how to comple	ete this form.	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mor	ales	3 Filer ID (Ethics Commission filers)	)
4 Date	5 Payee name		I	
8/6/2015	Mary Sergesketter			
6 Amount (\$)	7 Payee address; City;	State; Zip C	ode	
6,000.00	815 Elk Run			
	Houston TX 77079			
8 PURPOSE OF EXPENDITURE	(a) Category		outside of Texas, complete Schedule T , TX, officeholder living expense	
	Fees	Mail C	onsulting	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name Roy Morales Campaign	office sought City Council - At Larg	office held	
4 Date	5 Payee name			
8/8/2015	Catherine Morales			
6 Amount (\$) 150.00	7 Payee address; City; 8815 Braun Valley	State; Zip C	ode	
	San Antonio TX 78254			
8 PURPOSE OF EXPENDITURE			outside of Texas, complete Schedule T , TX, officeholder living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
	Roy Morales Campaign	City Council - At Larg	e Position 4 N/A	
4 Date	5 Payee name			
8/8/2015	Joshua Bullard			
6 Amount (\$)	7 Payee address; City;	State; Zip C	ode	
250.00	P.O. Box 667481			
	Houston TX 77266			

8 PURPOSE OF EXPENDITURE (a) Category

Roy Morales Campaign

FROM POLITICAL	CONTRIBUTIONS			
	The Instruction Guide e	xplains how to complete this form.		
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mora	les 3 Filer ID (Ethics Commission filers)		
	Fees	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Support		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		
Roy Morales Campaign City Council - At Large Position 4 N/A				
4 Date 8/13/2015	5 Payee name Downtown Houston Pachyo	derm		
6 Amount (\$) 250.00	7 Payee address; City; 2618 Wichta Houston TX 77004	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Anniversary Gala		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		

City Council - At Large Position 4 N/A

	The Instruction Guide e	explains how to	o complete this for	m.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mora	ales		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
8/26/2015	Elizabeth Perez			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
250.00	5435 N. Crooked Creek Rd			
	Houston TX 77017			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptio	on	
				Texas, complete Schedule T
				holder living expense
	Fees		Campaign Suppo	ort
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
	Roy Morales Campaign	City Council	- At Large Position	4 N/A
4 Date	5 Payee name			
8/26/2015	Bay Area Republican Wom	ien's Club		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
25.00	P.O. Box 58103			
	Webster TX 77598			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptio	on	
		Check	if travel outside of 7	Texas, complete Schedule T
		Check	if Austin, TX, office	holder living expense
	Event Expense		Monthly Meeting	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
	Roy Morales Campaign	City Council	- At Large Position	4 N/A
4 Date	5 Payee name			
8/28/2015	Business Extension Bureau	u		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
3,000.00	P.O. Box 66273			
6 Amount (\$)	7 Payee address; City;		Zip Code	

(b) Description

Houston TX 77266

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Moral	es	3 Filer ID (Ethics Commission filers)			
	Printing Expense	Check if travel outside of Te Check if Austin, TX, officeho Printing				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held			
	Roy Morales Campaign	City Council - At Large Position 4	N/A			
4 Date	5 Payee name					
	Jrayee hame					
9/2/2015	Joshua Bullard					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
300.00	P.O. Box 667481					
	Houston TX 77266					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	exas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Fees	Campaign Support				
	rees	Campaign Copport				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held			
	Roy Morales Campaign	City Council - At Large Position 4	N/A			

	The Instruction Guid	le explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Rogelio Morales         3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name		
9/24/2015	LULAC Council 4967		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
35.00	6200 Gulf Freeway		
	Houston TX 77023		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
	Fees	Awards Gala	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
	Roy Morales Campaign	City Council - At Large Position 4 N/A	
4 Date	5 Payee name		
9/2/2015 Business Extension Bureau		State; Zip Code	
6 Amount (\$) 2,000.00	7 Payee address; City; P.O. Box 66273		
2,000.00	F.O. BOX 00275		
	Houston TX 77266		
8 PURPOSE OF EXPENDITURE		(b) Description	
		Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
	Printing Expense	Printing	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held	
expendituree to benefit C/OH	Day Maralaa Compoign		
	Roy Morales Campaign	City Council - At Large Position 4 N/A	
4 Date	5 Payee name		
9/3/2015	Business Extension Bure	eau	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	P.O. Box 66273		
	Houston TX 77266		

8 PURPOSE OF EXPENDITURE (a) Category

I	The Instruction Guide explains how to complete this form.				
ľ	1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio I	Morales 3 Filer ID (Ethics Commission filers)		
		Printing Expense	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Printing		
	9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name Roy Morales Campaign	office sought office held City Council - At Large Position 4 N/A		
l					
ſ	4 Date	5 Payee name			
	9/4/2015	Business Extension Bureau			
ſ	6 Amount (\$)	7 Payee address; City;	; State; Zip Code		
	1,070.04	P.O. Box 66273			
		Houston TX 77266			
ľ	8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
			Check if travel outside of Texas, complete Schedule T		
			Check if Austin, TX, officeholder living expense		
		Printing Expense	Printing		
	9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		
		Roy Morales Campaign	City Council - At Large Position 4 N/A		

	The Instruction Guide	le explains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mo	orales     3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
9/5/2015	Joshua Bullard	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
20.00	P.O. Box 667481	
	Houston TX 77266	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Fees	Campaign Support
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
	Roy Morales Campaign	City Council - At Large Position 4 N/A
L Date	5 Payee name	
9/5/2015		
9/5/2015 6 Amount (\$)	Art Lopez 7 Payee address; City;	State; Zip Code
500.00	1601 Nagle	
	Houston 77002	
B PURPOSE OF EXPENDITURE		(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Fees	Outreach Consultant
	rees	
Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
	Roy Morales Campaign	City Council - At Large Position 4 N/A
Date	5 Payee name	
9/4/2015	Houston Realty Breakfas	st Club
Amount (\$)	7 Payee address; City;	State; Zip Code
175.00	1233 West Loop S. STE 9	00
	Houston TX 77027	

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morales		3 Filer ID (Ethics Commission filers)	
	OTHER (enter a category not listed above)	Check if travel outside of Te Check if Austin, TX, officeho Membership		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name     office sought     office held       Roy Morales Campaign     City Council - At Large Position 4     N/A			
4 Date 9/9/2015	5 Payee name Business Extension Bureau			
6 Amount (\$) 3,000.00	7 Payee address; City; State; Zip Code P.O. Box 66273 Houston TX 77266			
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Printing	•	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	I ffice sought of	ffice held	
	Roy Morales Campaign	City Council - At Large Position 4	N/A	

		plains how to comple	ete this form.		
The Instruction Guide explains how to complete this form.           1 Total pages Schedule F1:         2 FILER NAME Rogelio Morales         3 Filer ID (Ethics Commission filers)					
4 Date	5 Payee name				
9/10/2015	Business Extension Bureau				
6 Amount (\$)	7 Payee address; City;	State; Zip C	ode		
1,000.00	P.O. Box 66273				
	Houston TX 77266				
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense		outside of Texas, complete Schedule T , TX, officeholder living expense g		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c Roy Morales Campaign	ffice sought City Council - At Larg	office held e Position 4 N/A		
4 Date	5 Payee name				
9/10/2015	Texas Asian Republican Club				
6 Amount (\$)     7 Payee address;     City;     State;     Zip Code			ode		
30.00	P.O. Box 770846				
	Houston TX 77215				
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense		outside of Texas, complete Schedule T , TX, officeholder living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	I office sought	office held		
	Roy Morales Campaign	City Council - At Larg	e Position 4 N/A		
4 Date	5 Payee name				
9/11/2015	5 American Legion Post 472				
6 Amount (\$) 31.00	7 Payee address; City; 7799 Avenue C	State; Zip C	ode		
	Houston TX 77012				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	S	3 Filer ID (Ethics Commission filers)	
	OTHER (enter a category not listed above)	Check if travel outside of Te Check if Austin, TX, officeho Membership		
9 Complete ONLY if direct expendituree to benefit C/OH			ffice held	
	Roy Morales Campaign	City Council - At Large Position 4	N/A	
4 Date 9/14/2015	5 Payee name Memorial West Republican Women's Club			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
15.00	29 Spring Rock Lane			
	Houston TX 77055			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Te Check if Austin, TX, officeho	·	
	Event Expense	Monthly Meeting		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought of	ffice held	
	Roy Morales Campaign	City Council - At Large Position 4	N/A	

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mora	ales	3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name				
9/15/2015	Business Extension Bureau				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
1,500.00	P.O. Box 66273				
	Houston TX 77266				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if travel outs	side of Texas, complete Schedule T		
		Check if Austin, T>	K, officeholder living expense		
	Printing Expense	Printing			
		affina annaht			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held		
	Roy Morales Campaign	City Council - At Large P	osition 4 N/A		
4 Date	5 Payee name				
9/16/2015	Business Extension Burea	iu			
6 Amount (\$) 7 Payee address; City; State; Zip Code					
2,000.00	2,000.00 P.O. Box 66273				
	Houston TX 77266				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if travel outs	side of Texas, complete Schedule T		
		Check if Austin, T>	K, officeholder living expense		
	Printing Expense	Printing			
	Condidate / Office haden name	affina annaht			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held		
	Roy Morales Campaign	City Council - At Large P	osition 4 N/A		
4 Date	5 Payee name				
9/18/2015	Business Extension Burea	iu			
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
522.25	P.O. Box 66273				
	Houston TX 77266				

ſ	The Instruction Guide explains how to complete this form.			
	1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morales		3 Filer ID (Ethics Commission filers)
		Printing Expense	Check if travel outside of Te Check if Austin, TX, officehc Printing	
!	9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held		
		Roy Morales Campaign	City Council - At Large Position 4	N/A
[	4 Date 9/22/2015	5 Payee name Houston Sign Company		
ŀ	6 Amount (\$)	7 Payee address; City; State; Zip Code		
	394.47	5801 Chimney Rock		
Houston TX 77081				
	8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officehc Signs	
-	9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	I ffice sought of	ffice held
		Roy Morales Campaign	City Council - At Large Position 4	N/A

	The Instruction Guid	e explains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mo	orales 3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
8/20/2015	NX Media	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
351.81	6118 Aletha	
	Houston TX 77081	
8 PURPOSE OF EXPENDITURE		(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Printing
	Printing Expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name Roy Morales Campaign	office sought office held City Council - At Large Position 4 N/A
4 Date	5 Payee name	
8/17/2015	City of Houston	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
500.00	901 Bagby	
	Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Application Fee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
	Roy Morales Campaign	City Council - At Large Position 4 N/A
4 Date	5 Payee name	
7/26/2015	PayPal	
6 Amount (\$) 4.65	7 Payee address; City; 2211 North First St	State; Zip Code
	San Jose CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mora	les	3 Filer ID (Ethics Commission filers)	
	Fees	Check if travel outside of Te Check if Austin, TX, officeho Fee		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name Roy Morales Campaign	office sought o	office held	
4 Date 8/6/2015	5 Payee name PayPal			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
3.20	2211 North First St			
	San Jose CA 95131			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Te Check if Austin, TX, officeho		
	Fees	Fee		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
	Roy Morales Campaign	City Council - At Large Position 4	N/A	

		e explains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mo	
4 Date	5 Payee name	
8/17/2015	PayPal	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
43.50	2211 North First St	
	San Jose CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
	Fees	Fee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
	Roy Morales Campaign	City Council - At Large Position 4 N/A
4 Date	5 Payee name	
8/22/2015	PayPal	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
29.30	2211 North First St	
	San Jose CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Fees	Fee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
	Roy Morales Campaign	City Council - At Large Position 4 N/A
4 Date	5 Payee name	
9/3/2015	PayPal	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
7.55	2211 North First St	
	San Jose CA 95131	
8 PURPOSE OF EXPENDITURE		(b) Description

SCHEDULE	F1
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The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mora	orales 3 Filer ID (Ethics Commission filers)			
	Fees	Check if travel outside of Te Check if Austin, TX, officeho Fee	•		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name Roy Morales Campaign	office sought o City Council - At Large Position 4	ffice held		
4 Date 7/2/2015	5 Payee name UPS Store				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
20.00	2450 Louisiana Houston TX 77006				
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Box rental			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
	Roy Morales Campaign	City Council - At Large Position 4	N/A		

	The Instruction Guide	e explains how to complete	e this form.	
1 Total pages Schedule F1:	2 FILER NAME Rogelio Morales 3 Filer ID (Ethics Commission filers			
4 Date	5 Payee name			
7/3/2015	Kingwood Area Republica	an Women		
<b>6</b> Amount (\$)	7 Payee address; City;	State; Zip Cod	le	
15.00	P.O. Box 5906			
	Kingwood TX 77325			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel ou	utside of Texas, complete Schedule T	
		Check if Austin, 1	TX, officeholder living expense	
	Event Expense	Monthly	Meeting	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
	Roy Morales Campaign	City Council - At Large	Position 4 N/A	
4 Date	5 Payee name			
7/3/2015	Sam's Club			
<b>6</b> Amount (\$)	7 Payee address; City;	State; Zip Cod	de	
21.61	5310 S. Rice			
	Houston TX 77081			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
			utside of Texas, complete Schedule T	
			TX, officeholder living expense	
	Travel in District	Fuel		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held	
expendituree to benefit C/OH	Candidate / Onicenduel name	once sought		
	Roy Morales Campaign	City Council - At Large	Position 4 N/A	
4 Date	5 Payee name			
7/3/2015	Техасо			
6 Amount (\$)	7 Payee address; City;	State; Zip Cod	de	
3.17	12602 South Freeway			
	Houston TX 77047			

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio	Morales 3 Filer ID	(Ethics Commission filers)	
		Travel in District	Check if travel outside of Texas, compl Check if Austin, TX, officeholder living Fuel		
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	, and the second s		
		Roy Morales Campaign	City Council - At Large Position 4 N/A		
4	Date 7/6/2015	5 Payee name Walmart			
6	6 Amount (\$) 19.94	<ul> <li>7 Payee address; City;</li> <li>9450 W. Sam Houston</li> <li>Houston TX 77079</li> </ul>	·		
8	PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Texas, compl Check if Austin, TX, officeholder living Fuel		
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		
		Roy Morales Campaign	City Council - At Large Position 4 N/A		

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide ex	plains how to co	omplete this for	rm.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	)S		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
7/6/2015	Office Depot			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
29.22	3000 Silver Lake			
	Pearland TX 77584			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if tr	ravel outside of	Texas, complete Schedule T
		Check if A	Austin, TX, office	cholder living expense
	OTHER (enter a category not		Office Supplies	
	listed above)			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
	Roy Morales Campaign	City Council - At	t Large Position	4 N/A
4 Date	5 Payee name			
7/6/2015	Sam's Club			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
38.65	10488 Katy Freeway			
	Katy TX 77043			
8 PURPOSE OF EXPENDITURE		(b) Description		
		Check if tr	ravel outside of	Texas, complete Schedule T
				eholder living expense
	Troublin District		uel	
	Travel in District		uer	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought		office held
expendituree to benefit C/OH				
	Roy Morales Campaign	City Council - At	t Large Position	4 N/A
4 Date	5 Payee name			
7/7/2015	United Republicans			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
50.00	P.O. Box 800123			
	_			
	Houston TX 77028			

(b) Description

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Moral	es	3 Filer ID (Ethics Commission filers)	
	Fees	Check if travel outside of Te Check if Austin, TX, officeho Membership		
9 Complete ONLY if direct expendituree to benefit C/OH			ffice held	
	Roy Morales Campaign	City Council - At Large Position 4	N/A	
4 Date 7/16/2015	5 Payee name Texaco			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
15.85	12602 South Freeway			
	Houston TX 77047			
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Fuel		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
	Roy Morales Campaign	City Council - At Large Position 4	N/A	

		explains how to complete	this form	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mor		3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name			
7/17/2015	Car Spa			
6 Amount (\$)	7 Payee address; City;	State; Zip Code	3	
111.41	2801 Brazos St			
	Houston TX 77006			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Travel in District		side of Texas, complete Schedule T X, officeholder living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
	Roy Morales Campaign	City Council - At Large F	Position 4 N/A	
4 Date	5 Payee name			
7/17/2015	FEDEX			
6 Amount (\$)	7 Payee address; City;	State; Zip Code	9	
4.13	2200 SW Freeway			
	Houston TX 77098			
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense		side of Texas, complete Schedule T X, officeholder living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name Roy Morales Campaign	office sought City Council - At Large F	office held Position 4 N/A	
4 Date	5 Payee name			
7/17/2015	FEDEX			
6 Amount (\$)	7 Payee address; City;	State; Zip Code	9	
0.12	2200 SW Freeway			
	Houston TX 77098			

(b) Description

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	S	3 Filer ID (Ethics Commission filers)	
		Printing Expense	Check if travel outside of Te Check if Austin, TX, officehc Copies	·	
9	Complete ONLY if direct expendituree to benefit C/OH			ffice held	
		Roy Morales Campaign	City Council - At Large Position 4	N/A	
	Date 7/20/2015 Amount (\$)	<ul> <li>5 Payee name</li> <li>Sprint Wireless</li> <li>7 Payee address; City;</li> </ul>	State; Zip Code		
	130.00	3246 South Loop Houston TX 77025			
8	PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	(b) Description Check if travel outside of Te Check if Austin, TX, officehc Cell Phone Charge	older living expense	
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	ffice sought of	ffice held	
		Roy Morales Campaign	City Council - At Large Position 4	N/A	

	The Instruction Guide ex	plains how to c	complete this for	m.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	es		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
7/22/2015	Godaddy			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
71.55	14455 N. Hayden Rd			
	Scottsdale AZ 85260			
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	Check if	travel outside of T	Fexas, complete Schedule T holder living expense
9 Complete ONLY if direct expendituree to benefit C/OH		office sought		office held
	Roy Morales Campaign	City Council - A	At Large Position 4	4 N/A
4 Date	5 Payee name			
7/22/2015	Constant Contact			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
42.64	1601 Trapelo Rd Waltham MA 2451			
8 PURPOSE OF EXPENDITURE	(a) Category Fees	Check if	travel outside of T	Fexas, complete Schedule T holder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
	Roy Morales Campaign	City Council - A	At Large Position	4 N/A
4 Date	5 Payee name			
7/27/2015	Sam's Club			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
42.04	5310 S. Rice			
	Houston TX 77081			

8 PURPOSE OF EXPENDITURE (a) Category

9

Γ	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	÷S	3 Filer ID (Ethics Commission filers)	
		Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Fuel	•	
9	Complete ONLY if direct expendituree to benefit C/OH			ffice held	
		Roy Morales Campaign	City Council - At Large Position 4	N/A	
4	Date 7/27/2015	5 Payee name Harris County GOP			
e	F Amount (\$) 83.33	<ul> <li>Payee address; City;</li> <li>7232 Wynnwood Ln</li> <li>Houston TX 77008</li> </ul>	State; Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Foundation Club		
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held	
		Roy Morales Campaign	City Council - At Large Position 4	N/A	

	The Instruction Guide ex	plains how to	complete this fo	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	)S		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
7/27/2015	Checkmate			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
11.40	4330 South Valley View			
	Las Vegas NV 89103			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	n	
	OTHER (enter a category not listed above)	Check if		f Texas, complete Schedule T reholder living expense
9 Complete ONLY if direct	Candidate / Officehoder name c	 office sought		office held
expendituree to benefit C/OH	Roy Morales Campaign	City Council -	At Large Position	14 N/A
4 Date	5 Payee name			
7/27/2015	Checkmate			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
1.99	4330 South Valley View			
	Las Vegas NV 89103			
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	Check if	f travel outside of	f Texas, complete Schedule T æholder living expense
<ul> <li>9 Complete ONLY if direct expendituree to benefit C/OH</li> </ul>	Candidate / Officehoder name	office sought		office held
	Roy Morales Campaign	City Council -	At Large Position	14 N/A
4 Date	5 Payee name			
7/27/2015	Checkmate			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
19.99	4330 South Valley View			
	Las Vegas NV 89103			

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	:S	3 Filer ID (Ethics Commission filers)		
	OTHER (enter a category not listed above)	Check if travel outside of Te Check if Austin, TX, officeho Research	·		
9 Complete ONLY if direct expendituree to benefit C/OH			ffice held		
	Roy Morales Campaign	City Council - At Large Position 4	N/A		
4 Date 7/27/2015	5 Payee name Office Depot				
6 Amount (\$) 30.29	<ul> <li>7 Payee address; City;</li> <li>3000 Silver Lake</li> <li>Pearland TX 77584</li> </ul>	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Office Supplies			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought of	ffice held		
	Roy Morales Campaign	City Council - At Large Position 4	N/A		

		plains how to complete this fo	orm	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale		3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name			
7/30/2015	Harry's Restaurant			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
27.90	318 Tuam St	,		
21100				
	Houston TX 77006			
8 PURPOSE OF EXPENDITURE		(b) Description		
		Check if travel outside o	of Texas, complete Schedule T	
		Check if Austin, TX, offic	ceholder living expense	
	Food/Beverage Expense	Staff Meeting B	Breakfast	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
	Roy Morales Campaign	City Council - At Large Position	n 4 N/A	
4 Date	5 Payee name			
8/10/2015	Godaddy			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
12.92	14455 N. Hayden Rd			
	Coetto dala AZ 85000			
8 PURPOSE OF EXPENDITURE	Scottsdale AZ 85260	(b) Description		
o FURFUSE OF EXFENDITURE			of Texas, complete Schedule T	
		Check if Austin, TX, offic	•	
	OTHER (enter a category not listed above)	Linai Hosting		
9 Complete ONLY if direct	Candidate / Officehoder name	l office sought	office held	
expendituree to benefit C/OH				
	Roy Morales Campaign	City Council - At Large Position	n 4 N/A	
4 Date	5 Payee name			
8/10/2015	Outback			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
34.28	8731 W. Loop 610			
	Houston TX 77096			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	es estatution est estatution estatution esta	3 Filer ID (Ethics Commission filers)	
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho Staff Meeting Lunc	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held			
Roy Morales Campaign     City Council - At Large Position 4     N/A			N/A	
4 Date 8/11/2015	5 Payee name FEDEX			
6 Amount (\$) 26.11	7 Payee address; City; 2200 SW Freeway Houston TX 77098	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Copies	•	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
	Roy Morales Campaign	City Council - At Large Position 4	N/A	

		explains how to complete this form.	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Mol		er ID (Ethics Commission filers)
4 Date	5 Payee name		
8/14/2015	FEDEX		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
		State, Zip Code	
10.39	2200 SW Freeway		
	Houston TX 77098		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, c	
		Check if Austin, TX, officeholder li	ving expense
	Printing Expense	Copies	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office h	
expendituree to benefit C/OH		onice sought onice in	
	Roy Morales Campaign	City Council - At Large Position 4 N/A	
4 Date	5 Payee name		
8/14/2015	Hilton Hotels		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
15.00	2001 Post Oak Blvd		
10.00			
	Houston TX 77056		
8 PURPOSE OF EXPENDITURE		(b) Description	
		Check if travel outside of Texas, c	omplete Schedule T
		Check if Austin, TX, officeholder li	
	Travel in District	Parking	
		i uning	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office h	eld
expendituree to benefit C/OH			
	Roy Morales Campaign	City Council - At Large Position 4 N/A	
4 Date	5 Payee name		
8/18/2015	Los Cucos		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
38.43	23730 US 59		
	Kingwood TX 77339		

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	:S	3 Filer ID (Ethics Commission filers)	
		Food/Beverage Expense	Check if travel outside of Tex Check if Austin, TX, officeho Monthly Meeting		
9	Complete ONLY if direct expendituree to benefit C/OH				
		Roy Morales Campaign	City Council - At Large Position 4	N/A	
4	Date 8/19/2015	5 Payee name Constant Contact			
6	6 Amount (\$) 7 Payee address; City; State; Zip Code				
	42.64 1601 Trapelo Rd				
		Waltham MA 2451			
8	PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
			Check if travel outside of Tex Check if Austin, TX, officeho		
		OTHER (enter a category not listed above)	Email Marketing		
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held	
		Roy Morales Campaign	City Council - At Large Position 4	N/A	

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide ex	plains how to c	complete this for	rm
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	es		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
8/24/2015	Harris County District Clerk			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
6.00	201 Caroline			
	Houston TX 77002			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	1	
		Check if	travel outside of	Texas, complete Schedule T
		Check if	Austin, TX, office	sholder living expense
	OTHER (enter a category not		Research	
	listed above)			
				<i></i>
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
	Roy Morales Campaign	City Council - /	At Large Position	4 N/A
4 Date	5 Payee name			
8/24/2015	Gabby's Restaurant			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
36.30	3101 N. Shepherd			
	Houston TX 77018			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	I	
		Check if	travel outside of	Texas, complete Schedule T
		Check if	Austin, TX, office	holder living expense
	Food/Beverage Expense		Meeting	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
	Roy Morales Campaign	City Council - /	At Large Position	4 N/A
4 Date	5 Payee name			
8/24/2015	Home Depot			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
10.81	14440 Hillcroft	,	1	
10.01				
	Houston TX 77085			

(b) Description

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	S	3 Filer ID (Ethics Commission filers)		
	OTHER (enter a category not listed above)	Check if travel outside of Te Check if Austin, TX, officeho Straps	•		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	ffice sought o	ffice held		
		City Council - At Large Position 4			
4 Date 8/24/2015	5 Payee name Sprint Wireless				
6 Amount (\$) 100.00	<ul> <li>7 Payee address; City;</li> <li>3246 South Loop</li> <li>Houston TX 77025</li> </ul>	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Cell Phone Charge	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o Roy Morales Campaign	ffice sought o	ffice held N/A		

		xplains how to complete this	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Moral	es	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/24/2015	Murphy Walmart		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40.04	9450 W. Sam Houston		
	Houston TX 77099		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside	of Texas, complete Schedule T
		Check if Austin, TX, of	fficeholder living expense
	Travel in District	Fuel	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
	Roy Morales Campaign	City Council - At Large Posit	tion 4 N/A
4 Date	5 Payee name		
8/26/2015	Checkmate		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
19.99	4330 South Valley View		
	Las Vegas NV 89103		
8 PURPOSE OF EXPENDITURE		(b) Description	
		Check if travel outside	of Texas, complete Schedule T
		Check if Austin, TX, of	fficeholder living expense
			3
	OTHER (enter a category no listed above)		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
	Roy Morales Campaign	City Council - At Large Posit	tion 4 N/A
4 Date	5 Payee name		
8/26/2015	Техасо		
<b>6</b> Amount (\$)	7 Payee address; City;	State; Zip Code	
15.11	12602 South Freeway		
	Houston TX 77047		

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio M	orales	3 Filer ID (Ethics Commission filers)	
	Travel in District	Check if travel outside of Check if Austin, TX, office Fuel	Texas, complete Schedule T eholder living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name Roy Morales Campaign	office sought City Council - At Large Position	office held	
			· · · · · · · · · · · · · · · · · · ·	
4 Date 8/26/2015	5 Payee name Los Cucos			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
36.69	5851 Westheimer			
	Houston TX 77057			
8 PURPOSE OF EXPENDITURE	(a) Category	Check if Austin, TX, office	0	
	Food/Beverage Expense			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
	Roy Morales Campaign	City Council - At Large Position	n 4 N/A	

	The Instruction Guide exp	plains how to	complete this forr	n.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale		<u> </u>	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			1
8/26/2015	Checkmate			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
22.86	4330 South Valley View			
	Las Vegas NV 89103			
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	Check if	f travel outside of T	exas, complete Schedule T older living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought		office held
	Roy Morales Campaign	City Council -	At Large Position 4	N/A
4 Date	5 Payee name			
8/27/2015	Harris County GOP			
6 Amount (\$) 83.33	7 Payee address; City; 7232 Wynnwood Ln	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Politi		f travel outside of T	exas, complete Schedule T older living expense
	cal Committee			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o Roy Morales Campaign	office sought City Council -	At Large Position 4	• N/A
4 Date	5 Payee name			
8/27/2015	Sam's Club			
6 Amount (\$) 23.10	7 Payee address; City; 5310 S. Rice	State;	Zip Code	
	Houston TX 77081			
8 PURPOSE OF EXPENDITURE		(b) Description	n	

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	ès	3 Filer ID (Ethics Commission filers)		
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Fuel	·		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
4 Date 8/11/2015	5 Payee name Harris County Clerk				
6 Amount (\$) 2.00	<ul> <li>Payee address; City;</li> <li>201 Caroline</li> <li>Houston TX 77002</li> </ul>	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Research	•		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
	Roy Morales Campaign	City Council - At Large Position 4	N/A		

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	-		3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name					
9/19/2015	Home Depot					
6 Amount (\$)	7 Payee address; City;	State;	Zip Code			
37.70	14440 Hillcroft					
	Houston TX 77085					
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	Check if	travel outside of T	exas, complete Schedule T nolder living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought City Council - A	At Large Position 4	office held		
4 Date	5 Payee name					
9/24/2015	Home Depot       7 Payee address;     City;	State;	Zip Code			
6 Amount (\$) 23.38	5445 West Loop South	Slate,	Zip Code			
	Houston TX 77081					
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	Check if	travel outside of T	exas, complete Schedule T holder living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought	(	office held		
	Roy Morales Campaign	City Council - /	At Large Position 4	ŀ N/A		
4 Date	5 Payee name					
9/10/2015	UPS Store					
6 Amount (\$)	7 Payee address; City;	State;	Zip Code			
20.00	2450 Louisiana					
	Houston TX 77006					

# SCHEDULE F1

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Rogelio Morale	S	3 Filer ID (Ethics Commission filers)		
	OTHER (enter a category not listed above)		exas, complete Schedule T older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	ffice sought o	ffice held		
	Roy Morales Campaign	City Council - At Large Position 4	N/A		

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

UNPAID INCURRED OBLIGATIONS					
		The Instruction Guide explains how	v to complete this form.		
1 Total pages Schedule F2:	2	FILER NAME Rogelio Morales	3 Filer ID (Ethics Com		

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	···· ·····						
1	Total pages Schedule F2:	2	FILER NAME Rogelio Morale	es	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED UNPA	ID IN	D INCURRED OBLIGATIONS		\$		
5	Date	6	Payee name				
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code		
9	TYPE OF EXPENDITURE		Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) (	Category	(b) [	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought office held		

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

E	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F							
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	3 Filer ID (Ethics Commission filers)						
4	TOTAL OF UNITEMIZED EXPE	ND	ITURES CHARGED TO A CREDIT CARI	C	\$			
5	Date	6	Payee name					
7	Amount (\$)	8	Payee address; City;	Sta	ite; Zip Code			
9	TYPE OF EXPENDITURE		Political		Non-Political			
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this nedule)	(b) [	Description Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense	e T		
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andidate / Officehoder name	1	office sought office	held		

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# ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EX	PENDITURES	SCHEDULE
MADE FROM P	ERSONAL FUNDS	
	The Instruction Guide explains h	now to complete this form.
1 Total Pages Schedule G:	<sup>2</sup> FILER NAME Rogelio Morales	3 FilerID (Ethics Commission filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee Address;	City; State; Zip Code
Reimbursement from		
political contributions		
intended		
8	(a) Category	(b) Description
PURPOSE OF EXPENDITURE		
EXPENDITORE		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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## PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

	IO A BUSINESS OF C/OH								
	The Instruction Guide explains how to complete this form.								
1 Total Pages Schedule H:       2 FILER NAME Rogelio Morales       3 Filer ID (Ethics Commission filers)									
4 D	Pate	5 Business name							
6 A	mount (\$)	7 Business address;	City;	State;	Zip Code				
8 P	URPOSE OF EXPENDITURE	(a) Category	(b) Description						
			Check if travel outsid						
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate / Officehoder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

	NON-POLITICAL EXPENDITURES								
	MADE FROM PO								
	The Instruction Guide explains how to complete this form.								
1									
4	Date	5 Payee name							
6	6 Amount (\$)	7 Payee address;	City;	State;	Zip Code				
8	PURPOSE OF EXPENDITURE	of information required)							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								