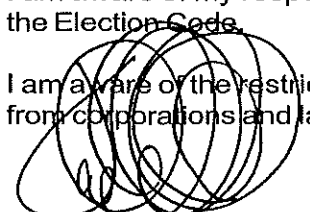


APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:		
2 CANDIDATE NAME	MS / MRS / MR	FIRST TODD	MI A	OFFICE USE ONLY Filer ID # Date Received RECEIVED JUL 22 2024 AUSTIN COUNTY ELECTIONS <small>Date Hand-delivered or Postmarked</small>
	NICKNAME	LAST MORRIS	SUFFIX	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 602 MIKESKA RD. BELLVILLE, TX 77418			Receipt #
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Amount \$
5 OFFICE HELD (if any)	JUSTICE OF THE PEACE, PCT. 2			Date Processed
6 OFFICE SOUGHT (if known)	JUSTICE OF THE PEACE, PCT. 2			Date Imaged
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST TODD	MI A	NICKNAME MORRIS
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE 602 MIKESKA RD. BELLVILLE, TX 77418			
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Candidate </div> <div style="text-align: center;"> <u>7/22/2024</u> Date Signed </div> </div>			

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE NAME

12 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••

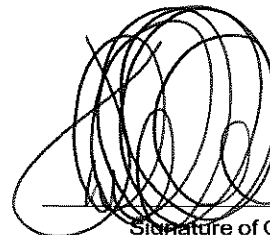
•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$1,080 in political contributions or make more than \$1,080 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

NOVEMBER 5, 2024

Year of election(s) or election cycle to which declaration applies



Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

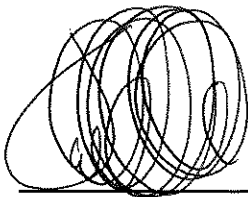
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature

7/22/2024

Date

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

RECEIVED

JUL 22 2024

AUSTIN COUNTY
ELECTIONS

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

<p>1 ACCOUNT NUMBER (Ethics Commission Filers)</p>	<p>2 TYPE OF FILER</p> <p>CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/></p> <p><i>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</i> <i>If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.</i></p>		
<p>3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)</p>	<p>TITLE (Dr., Mr., Ms., etc.)</p>	<p>FIRST</p> <p>TODD</p>	<p>MI</p> <p>A</p>
<p>4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)</p>	<p>AREA CODE</p> <p>()</p>	<p>PHONE NUMBER</p>	<p>EXTENSION</p>
<p>5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)</p>	<p>STREET / PO BOX;</p>	<p>APT / SUITE #;</p>	<p>CITY; STATE; ZIP CODE</p> <p>602 MIKESKA RD. BELLVILLE TX 77418</p>
<p>6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)</p>	<p>JUSTICE OF THE PEACE, PCT 2</p>		
<p>7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)</p>			
<p>8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)</p>	<p>TITLE (Dr., Mr., Ms., etc.)</p>	<p>FIRST</p>	<p>MI</p>
	<p>NICKNAME</p>	<p>LAST</p>	<p>SUFFIX (SR., JR., III, etc.)</p>

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year		Month Day Year
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
RECEIVED

OCT 07 2024

AUSTIN COUNTY ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

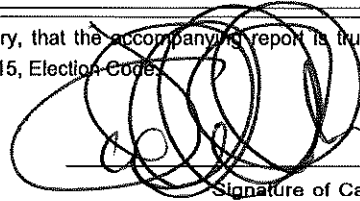
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>TODD A MORRIS</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3400.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4373.31</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is TODD A. MORRIS and my date of birth is MARCH 15, 1967
 My address is 602 MIKESKA RD BELLVILLE TX 77418 USA
(street) (city) (state) (zip code) (country)
 Executed in AUSTIN County, State of TEXAS, on the 7 day of OCTOBER, 2024.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME TODD A. MORRIS		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3400.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1827.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2545.36
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TODD A. MORRIS		3 Filer ID (Ethics Commission Filers)
4 Date 8/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN WALL	7 Amount of contribution (\$) 100⁰⁰ CASH
6 Contributor address; City; State; Zip Code 1010 PECAN RIDGE LN SEALY, TX 77474		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL A. EASON	Amount of contribution (\$) 300⁰⁰
Contributor address; City; State; Zip Code 723 EZ LN BELLVILLE, TX 77418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEVERLY MACHAC	Amount of contribution (\$) 300⁰⁰
Contributor address; City; State; Zip Code 104 BRIAR RIDGE DR. BELLVILLE TX 77418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE BARTAY GROUP, INC.	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code 352 STONE HILL DR. BRENHAM, TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TODD A. MORRIS		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA E. BARTLETT 6 Contributor address; City; State; Zip Code PO BOX 324 SEALY, TX 77474	7 Amount of contribution (\$) 100⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES WILLIE HESTER III + KATHRYN ELAINE HESTER Contributor address; City; State; Zip Code 4975 FM 109 NEW ULM TX 78950	Amount of contribution (\$) 500⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADFORD TAYLOR Contributor address; City; State; Zip Code 4253 FISHER RANCH W. BELLVILLE TX 77418	Amount of contribution (\$) 100⁰⁰ CASH
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID SMETEK Contributor address; City; State; Zip Code 1385 OLD HWY 36 BELLVILLE, TX 77418	Amount of contribution (\$) 100⁰⁰ CASH
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TODD A. MORRIS		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James + Kathryn HESTER	7 Amount of contribution (\$) 200⁰⁰ CASH
6 Contributor address; City; State; Zip Code 4975 FM 109 NEW ULM, TX 78950		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REPUBLICAN PARTY OF TEXAS - 2021	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 807 BRAZOS ST. SUITE 701 AUSTIN, TEXAS 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN + SARA JANICEK	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 621 E. O'BRYANT BELLEVUE TX 77418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD A. MORRIS	3 Filer ID (Ethics Commission Filers)
4 Date 9/18/2024	5 Payee name BRAND IT GRAPHIX	
6 Amount (\$) 1635.31	7 Payee address; City; State; Zip Code 2507 BECKER DR BRENHAM TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description CAMPAIGN SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TODD A MORRIS	Office sought JP2
		Office held JP2
Date 10/04/24	Payee name BRAND IT GRAPHIX	
Amount (\$) 64.93	Payee address; City; State; Zip Code 2507 BECKER RD BRENHAM TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description CAMPAIGN SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TODD A MORRIS	Office sought JP2
		Office held JP2
Date 10/07/24	Payee name BRAND IT GRAPHIX	
Amount (\$) 127.71	Payee address; City; State; Zip Code 2507 BECKER RD BRENHAM TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description CAMPAIGN SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TODD A. MORRIS	Office sought JP2
		Office held JP2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME TODD A. MORRIS	3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2024	5 Payee name VISTA PRINT	
6 Amount (\$) \$586.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 275 WYMAN ST. WALTHAM, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description MAGNETIC BUSINESS CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TODD A. MORRIS	Office sought JP2
		Office held JP2
Date 09/09/2024	Payee name BRAND IT GRAPHIX	
Amount (\$) \$1635.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2507 BECKER RD BRENHAM TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description CAMPAIGN SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TODD A. MORRIS	Office sought JP2
		Office held JP2
Date 09/18/2024	Payee name TRACTOR SUPPLY COMPANY	
Amount (\$) \$324.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2718 SOUTH MARKET BRENHAM TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 6.5' GREEN T" POST x 50
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TODD A. MORRIS	Office sought JP2
		Office held JP2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME TODD A. MORRIS	3 Filer ID (Ethics Commission Filers)
4 Date 09/18/2024	5 Payee name HOME TOWN HARDWARE (ACE) BELLVILLE	
6 Amount (\$) \$ 22.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 513 E. MAIN ST BELLVILLE TX 77418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CABLE TIES + PLASTIC STAPLES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TODD A. MORRIS	Office sought JP2
		Office held JP2
Date 07/23/24	Payee name AUSTIN COUNTY STATE BANK	
Amount (\$) \$ 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 436 S. FRONT ST BELLVILLE TX 77418	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	Description 50.00 OPEN CAMPAIGN ACCOUNT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TODD A. MORRIS	Office sought JP2
		Office held JP2
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED