



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

**SAMUEL MORGAN**

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

- GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

8,755<sup>00</sup>

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

4,505<sup>55</sup>

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

3613<sup>lets</sup>

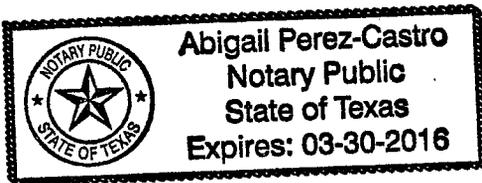
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

200<sup>00</sup>

18 AFFIDAVIT



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

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel Morgan, this the 11 day of April, 20 2013, 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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>13</b>	
2 FILER NAME <b>SAMUEL MORGAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/13/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACK FIELDS</b> 6 Contributor address; City; State; Zip Code <b>13752 Paseo Central Avenue HORIZON CITY TX 79928</b>	7 Amount of contribution (\$) <b>100.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2/07/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAUL FULLAM</b> Contributor address; City; State; Zip Code <b>5465 Francisco Roque EL PASO TX 79934</b>	Amount of contribution (\$) <b>50.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/11/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN CROSSEN</b> Contributor address; City; State; Zip Code <b>804 Pintadda Place EL PASO TX 79912</b>	Amount of contribution (\$) <b>100.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/11/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANIEL HIRSH</b> Contributor address; City; State; Zip Code <b>522 Howze St EL PASO TX 79906</b>	Amount of contribution (\$) <b>500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>U.S. ARMY OFFICER (COLONEL)</b>		Employer (See Instructions) <b>U.S. ARMY FORT BLISS TX</b>	
Date <b>2/11/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEPHEN FRANZONI</b> Contributor address; City; State; Zip Code <b>4574 Brighton Lane EL PASO TX 79902</b>	Amount of contribution (\$) <b>500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>ANALYST</b>		Employer (See Instructions) <b>U.S. BORDER PATROL</b>	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

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2 FILER NAME <b>SAMUEL MORGAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/11/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JERMAINE JENKINS</b> 6 Contributor address; City; State; Zip Code <b>2405 MCKINLEY AVE APT E3 EL PASO TX 79930</b>	7 Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARVIN ATCHINSON</b> Contributor address; City; State; Zip Code <b>14385 ARABIAN POINT AVE EL PASO TX 79938</b>	Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ISAAC CAMACHO</b> Contributor address; City; State; Zip Code <b>1955 TRAAWOOD #22 EL PASO TX 79935</b>	Amount of contribution (\$) 200.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRENDAN SULLIVAN</b> Contributor address; City; State; Zip Code <b>5536 MIKE VANE EL PASO TX 79934</b>	Amount of contribution (\$) 40.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FALISHA MILNER</b> Contributor address; City; State; Zip Code <b>11341 HP MARTINEZ WAY EL PASO TX 79934</b>	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME <b>SMAUEL MORGAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2/11/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILL MCRAE</b> 6 Contributor address; City; State; Zip Code <b>316 BARRETT ALLEN LN EL PASO TX 79932</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
2/11/13	ERIC BROWN Contributor address; City; State; Zip Code <b>11509 CHARLES BOYLE PL EL PASO TX 79934</b>	100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
2/14/13	HOYT L WARD SR. Contributor address; City; State; Zip Code <b>3200 GLASGOW EL PASO TX 79926</b>	100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
3/02/13	JOSE TOLLINCHI Contributor address; City; State; Zip Code <b>11341 HP MARTINEZ WAY EL PASO TX 79934</b>	100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
2/12/13	PETE PERAL Contributor address; City; State; Zip Code <b>4516 CJ Levan Ct EL PASO TX 79924</b>	200.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**SCHEDULE A**

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2 FILER NAME <b>SAMUEL MORGAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2/13/2013</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Gallaspy</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 971391 EL PASO TX 79997</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2/17/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Troy Feltis</b> Contributor address; City; State; Zip Code <b>5385 Pedro Lucero EL PASO TX 79934</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/18/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kevin Montgomery</b> Contributor address; City; State; Zip Code <b>1208 Whirlaway Drive El Paso, TX 79936</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/19/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ASA M EVANS</b> Contributor address; City; State; Zip Code <b>4826 PLEASANTON RD. EL PASO, TX 79906</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/23/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Keith Degregory</b> Contributor address; City; State; Zip Code <b>10195 Forney Loop Fort Belvoir, VA 22060</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**CITY CLERK DEPT. SCHEDULE A**
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>13</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Magee, Jr.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/27/2013	6 Contributor address; City; State; Zip Code 4333 Loma Casitas Rd El Paso, TX 79934	250.00	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammie Lee Hubbard Jr	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/27/2013	Contributor address; City; State; Zip Code 4313 Marcus Uribe Dr El Paso, TX 79934	50.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dexter Marvell Brookins	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/28/2013	Contributor address; City; State; Zip Code 201 W. Tazewell St Apt. 311 Norfolk, VA 23510	250.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIONEL MACKLIN	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/1/2013	Contributor address; City; State; Zip Code 204 COFFEE TREE CT NOLANVILLE, TX 76559	100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry Martin	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/4/2013	Contributor address; City; State; Zip Code 332 Marjori Ave Thousand Oaks, CA 91320	100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13	
2 FILER NAME <b>SAMUEL MORGAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/4/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrick Harris 6 Contributor address; City; State; Zip Code 113 Keith CT Radcliff, KY 40160	7 Amount of contribution (\$) 50.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeKeith Artis Contributor address; City; State; Zip Code 6223 Spotted Eagle Dr El Paso, TX 79924	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth V. Siplin Contributor address; City; State; Zip Code 11711 MSG Thomas J. Sanchez El Paso, TX 79908	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth V. Siplin Contributor address; City; State; Zip Code 11711 MSG Thomas J. Sanchez El Paso, TX 79908	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Glover Contributor address; City; State; Zip Code 6756 Cabana del Sol El Paso, TX 79911	Amount of contribution (\$) 50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS** **SCHEDULE A**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>B</b>	
2 FILER NAME <b>SAMUEL MORGAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/14/2013</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mack H. Vereen</b> 6 Contributor address; City; State; Zip Code <b>10705 Pleasant Hill Dr. El Paso, TX 79924</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/19/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Guadalupe Villarreal</b> Contributor address; City; State; Zip Code <b>12022 SGT Alchesay Court El Paso, TX 79908</b>	Amount of contribution (\$) <b>20.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/21/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Jones</b> Contributor address; City; State; Zip Code <b>6103 Cecilyann San Antonio, TX 78253</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/22/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Butler</b> Contributor address; City; State; Zip Code <b>4704 Harmony Dr. El Paso, TX 79924</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeffrey Caradine</b> Contributor address; City; State; Zip Code <b>CMR 422 Bx 1022 APO, AE 09067</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS** CITY CLERK DEPT. **SCHEDULE A**  
**OTHER THAN PLEDGES OR LOANS** APR 11 PM 4:53

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A: 13

**2** FILER NAME **SAMUEL MORGAN** **3** ACCOUNT # (Ethics Commission Filers)

**4** Date **3/23/2013** **5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **7** Amount of contribution (\$) **1000.00** **8** In-kind contribution description (if applicable)  
 Daniel Ray Hirsch  
**6** Contributor address; City; State; Zip Code  
 522 Howze St.  
 El Paso, TX 79906  
 (If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions) **U.S. ARMY OFFICER (COLONEL)** **10** Employer (See Instructions) **U.S. ARMY FORT BLISS TX**

Date **3/25/2013** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Amount of contribution (\$) **100.00** In-kind contribution description (if applicable)  
**ADALBERTO DIAZ**  
 Contributor address; City; State; Zip Code  
 5400 MOUNTAIN VISTA APT. 1011  
 LAS VEGAS, NV 89120  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **3/30/2013** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Amount of contribution (\$) **100.00** In-kind contribution description (if applicable)  
**Benny Steagall**  
 Contributor address; City; State; Zip Code  
 9501 Desert Ridge Drive  
 El Paso, TX 79925  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **4/3/2013** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Amount of contribution (\$) **200.00** In-kind contribution description (if applicable)  
**Cayatra Cezanne Davis**  
 Contributor address; City; State; Zip Code  
 12912 Hidden Grove Drive  
 El Paso, TX 79938  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **3/13/2013** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Amount of contribution (\$) **50.00** In-kind contribution description (if applicable)  
**CARLOS RIVERA**  
 Contributor address; City; State; Zip Code  
 P.O. BOX 972291 EL PASO TX 79997  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A**

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2 FILER NAME <b>SAMUEL MORGAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/13/2013</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HENRY GREEN</b> 6 Contributor address; City; State; Zip Code <b>11449 BUNKY GENRY LN EL PASO TX 79936</b>	7 Amount of contribution (\$) <b>100.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/13/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN CONWELL</b> Contributor address; City; State; Zip Code <b>5529 LONGVIEW CR EL PASO TX 79924</b>	Amount of contribution (\$) <b>60.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/15/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRYSTAL WINGO</b> Contributor address; City; State; Zip Code <b>3057 TIERRA AGAVE EL PASO TX 79938</b>	Amount of contribution (\$) <b>10.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/02/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM COOK</b> Contributor address; City; State; Zip Code <b>4011 ALABAMA ST EL PASO TX 79930</b>	Amount of contribution (\$) <b>20.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/02/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FIONA HOFFMAN</b> Contributor address; City; State; Zip Code <b>PO BOX 6303 FORT BLISS TX 79906</b>	Amount of contribution (\$) <b>20.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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OTHER THAN PLEDGES OR LOANS**

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2 FILER NAME <b>SAMUEL MORGAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/22/2013</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CLARA HERNANDEZ / PRO CONSULTANTS</b> 6 Contributor address; City; State; Zip Code <b>6070 GATEWAY EAST STE 103 EL PASO TX 79905</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>MANAGING PARTNER</b>		10 Employer (See Instructions) <b>PRO CONSULTANTS</b>	
Date <b>3/22/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEO PLEASANTS</b> Contributor address; City; State; Zip Code <b>453 Pecan Way Dr SAN ANTONIO TX 78240</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/20/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OMAR MARCIA</b> Contributor address; City; State; Zip Code <b>6455 HILLER ST B-1 EL PASO TX 79925</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/20/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ED FLEMMING</b> Contributor address; City; State; Zip Code <b>11344 CHARLES REYNOLDS EL PASO TX 79934</b>	Amount of contribution (\$) <b>20.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/12/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUSTO GONZALEZ</b> Contributor address; City; State; Zip Code <b>1513 Camino Alto Rd El Paso TX 79902</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
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 CONTRIBUTIONS****OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

2013 APR 11 PM 4:53

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>13</b>	
2 FILER NAME <b>SAMUEL MORGAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/5/2013</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CAPITOL PROPERTIES</b> 6 Contributor address; City; State; Zip Code <b>1851 TRAWOOD STE B4 EL PASO TX 79935</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/5/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Nevarez</b> Contributor address; City; State; Zip Code <b>3825 Pierce, El Paso, TX 79930</b>	Amount of contribution (\$) <b>60.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/5/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK ANTHONY WORTHEY</b> Contributor address; City; State; Zip Code <b>1110 LAKE POINT CIR MCKINNEY TX 75070</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/5/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEREEF GREENE</b> Contributor address; City; State; Zip Code <b>4001 FLAMINGO DR EL PASO TX 79902</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/10/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LILIAN W CROUCH</b> Contributor address; City; State; Zip Code <b>18 BRONZE CREST LN EL PASO TX 79902</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2013 APR 11 PM 4:54

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARJORIE L HAMPTON 6 Contributor address; City; State; Zip Code 11612 FRED PERRY EL PASO TX 79936	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NANCY H GARRISON Contributor address; City; State; Zip Code 11446 TIM FERRIELL DR EL PASO TX 79936	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/02/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY BROWN Contributor address; City; State; Zip Code 4245 LOMA TAURINA DR EL PASO TX 79934	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY McDaniel Contributor address; City; State; Zip Code 64 N FARSON ST PHILLADELPHIA, PA 19139	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultnat		Employer (See Instructions) Self Employed	
Date 3/02/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN BROWN Contributor address; City; State; Zip Code 103 Drayton Hall Jacksonville, NC 28550	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS****OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

2013 APR 11 PM 4:54

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13	
2 FILER NAME <b>SAMUEL MORGAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/01/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OPTION - N GRAPHIC DESIGN</b> 6 Contributor address; City; State; Zip Code <b>PO BOX 17705 EL PASO TX 79917</b>	7 Amount of contribution (\$) <b>530.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)  <b>Website design and development, maintenance, and updates</b>
9 Principal occupation / Job title (See Instructions) <b>GRAPHIC DESIGN COMPANY</b>		10 Employer (See Instructions) <b>OPTION - N GRAPHIC DESIGN</b>	
Date 4/9/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GREGORY A SMITH</b> Contributor address; City; State; Zip Code <b>5572 IGNACIO FRIAS EL PASO TX 79934</b>	Amount of contribution (\$) <b>200.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RONALD F STUART SR.</b> Contributor address; City; State; Zip Code <b>6508 CALLE BONITA LN EL PASO TX 79912</b>	Amount of contribution (\$) <b>200.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFFERSON JENKINS</b> Contributor address; City; State; Zip Code <b>9375 VISCOUNT BLVD APT 1604 EL PASO TX 79925</b>	Amount of contribution (\$) <b>25.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# PLEGGED CONTRIBUTIONS

CITY CLERK DEPT.

# SCHEDULE B

2013 APR 11 PM 4:54

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: /
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$
---	----

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;      City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

<b>LOANS</b>	CITY CLERK DEPT. 2013 APR 11 PM 4:54	<b>SCHEDULE E</b>
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: <b>1</b>
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2 FILER NAME <b>SAMUEL MORGAN</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$
---	----

5 Date of loan <b>1/07/2013</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SAMUEL MORGAN</b>	9 Loan Amount (\$) <b>200.00</b>
------------------------------------	---	-------------------------------------

6 Is lender a financial institution?  Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code <b>4345 LOMA CASITAS EL PASO TX 79934</b>	10 Interest rate <b>0.0%</b> 11 Maturity date <b>5/11/2013</b>
--	--	---

12 Principal occupation / Job title (See Instructions) <b>Consultant</b>	13 Employer (See Instructions) <b>Self Employed</b>
---	--

14 Description of Collateral <input type="checkbox"/> none	15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
---	---

16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
--	---	---------------------------

20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
--	--------------------------------

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Description of Collateral <input type="checkbox"/> none	Check if personal funds were deposited into political account <input type="checkbox"/>
--	---

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
--	---	------------------------

Principal Occupation (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.

**POLITICAL EXPENDITURES**

2013 APR 11 PM 4:54

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME SAMUEL MORGAN	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 1/31/2013	<b>5</b> Payee name VFW POST 8919	
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code 5535 Saluki Dr El Paso, TX 79924	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) EVENT EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign announcement event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/15/2013	Payee name OVAL PRINT LLC	
Amount (\$) 347.48	Payee address; City; State; Zip Code 139 Chelsea St El Paso TX 79905	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Cards and signs to advertise the candidate
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/27/2013	Payee name CITY OF EL PASO	
Amount (\$) 250.00	Payee address; City; State; Zip Code 500 E. San Antonio Lower Level, Suite L115 El Paso, Texas 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) CANDIDACY FILING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/01/2013	Payee name ZAPA GRAPHICS	
Amount (\$) 313.92	Payee address; City; State; Zip Code 3410 WICKHAM AVE STE 100 EL PASO TX 79904	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Signs to advertise the candidate
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2013 APR 11 PM 4:54

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME SAMUEL MORGAN	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/03/2013	<b>5</b> Payee name TMO Foundation
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<b>6</b> Amount (\$) 45.00	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Northeastern Parade Fee</b>
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/15/2013	Payee name ORO TEMPLE No 9
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Amount (\$) 100.00	Payee address; City; State; Zip Code PO BOX 3862 EL PASO TX 79923
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>CATALOG ADVERTISING EXPENSE</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/2013	Payee name ZAPA GRAPHICS
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Amount (\$) 660.05	Payee address; City; State; Zip Code 3410 WICKHAM AVE STE 100 EL PASO TX 79904
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Signs to advertise the candidate</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/22/2013	Payee name OVAL PRINT LLC
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Amount (\$) 149.39	Payee address; City; State; Zip Code 3410 WICKHAM AVE STE 100 EL PASO TX 79904
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Advertising cards</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT.

**POLITICAL EXPENDITURES**

2013 APR 11 PM 4:54

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME SAMUEL MORGAN	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/26/2013	<b>5</b> Payee name ZAPA GRAPHICS
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<b>6</b> Amount (\$) 70.36	<b>7</b> Payee address; City; State; Zip Code 3410 WICKHAM AVE STE 100 EL PASO TX 79904
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Yard signs, magnets, flyers
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/29/2013	Payee name Option -N Graphic Design
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Amount (\$) 2,231.75	Payee address; City; State; Zip Code PO BOX 17705 EL PASO TX 79917
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Printing Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Printing and mailing cards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/29/2013	Payee name Option -N Graphic Design
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Amount (\$) 500.00	Payee address; City; State; Zip Code PO BOX 17705 EL PASO TX 79917
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Consulting Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Design and consulting fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/22/2013	Payee name Michael Nunez
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Amount (\$) 500.00	Payee address; City; State; Zip Code PO BOX 17705 EL PASO TX 79917
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Consulting Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Design and consulting fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES** CITY CLERK DEPT.  
**MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

2013 APR 11 PM 4:54

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME Samuel Morgan		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/15/2013		5 Payee name MICHAEL NUNEZ			
6 Amount (\$) 1,000.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO BOX 17705 EL PASO TX 79917			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) Letter design and consulting fee	
Date 4/1/2013		Payee name DAVID'S PENNANTS & BANNERS			
Amount (\$) 110.96 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 9911 CARNEGIE ST EL PASO TX 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Marketing Expense		Description (If travel outside of Texas, complete Schedule T) Wire to secure campaign signs	
Date 4/1/2013		Payee name Walgreens			
Amount (\$) 1,000.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10780 Kenworthy St EL PASO TX 79924			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Postage fees		Description (If travel outside of Texas, complete Schedule T) Envelopes and stamps to mail letters to constituents	
Date 3/08/2013		Payee name Lowe's			
Amount (\$) 33.71 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4531 WOODROW BEAN TRANSMOUNTAIN EL PASO TX 79924			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Marketing Expense		Description (If travel outside of Texas, complete Schedule T) Wooden stakes for campaign yard signs	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.  
2013 APR 11 PM 4:54

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2	<b>2</b> FILER NAME Samuel Morgan	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/15/2013	<b>5</b> Payee name NAWO
----------------------------	-----------------------------

<b>6</b> Amount (\$) 249.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 12380 Edgemere Ste 102 El Paso TX 79938
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Marketing expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) email letter to inform constituents
---------------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CITY CLERK DEPT.  
2013 APR 11 PM 4:54

**SCHEDULE H**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
----------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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

**NON-POLITICAL EXPENDITURES** CITY CLERK DEPT.  
**MADE FROM POLITICAL CONTRIBUTIONS**
**SCHEDULE I****EXPENDITURE CATEGORIES FOR BOX 8(a)**
 Advertising Expense  
 Accounting/Banking  
 Consulting Expense  
 Event Expense  
 Fees

 Gift/Awards/Memorials Expense  
 Legal Services  
 Food/Beverage Expense  
 Polling Expense  
 Printing Expense

 Salaries/Wages/Contract Labor  
 Solicitation/Fundraising Expense  
 Travel In District  
 Travel Out Of District  
 Office Overhead/Rental Expense

 Loan Repayment/Reimbursement  
 Transportation Equipment & Related Expense  
 Contributions/Donations Made By  
 Candidate/Officeholder/Political Committee  
 OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: /	<b>2</b> FILER NAME SAMUEL MORGAN	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 4/3/2013	<b>5</b> Payee name Piryx, Inc.	
<b>6</b> Amount (\$) 278.64	<b>7</b> Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Transaction fee for processing and operating costs
Date 2/26/2013	Payee name First Light FCU	
Amount (\$) 2.50	Payee address; City; State; Zip Code P.O. Box 24901, El Paso, TX 79914	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (See instructions regarding type of information required.) Return mail fee
Date 3/01/2013	Payee name First Light FCU	
Amount (\$) 2.50	Payee address; City; State; Zip Code P.O. Box 24901, El Paso, TX 79914	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (See instructions regarding type of information required.) Return mail fee
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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**INTEREST EARNED, OTHER CREDITS/GAINS/  
REFUNDS, AND PURCHASE OF INVESTMENTS**

CITY CLERK DEPT.  
2013 APR 11 PM 4:54

**SCHEDULE K**

The Instruction Guide explains how to complete this form. **1** Total pages Schedule K:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission Filers)

**4** Date

**5** Name of person from whom amount is received  
*N/A*

**8** Amount (\$)

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

**7** Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

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

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS**

CITY CLERK DEPT.  
2013 APR 11 PM 4:54

**SCHEDULE T**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**CANDIDATE / OFFICEHOLDER REPORT**  
**DESIGNATION OF FINAL REPORT**

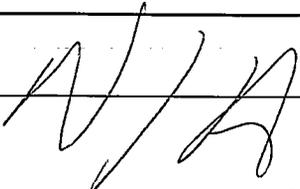
CLERK DEPT.  
FORM C/OH - FR  
2013 APR 11 PM 4:54

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE



I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder