

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:  
31

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. Roy  
NICKNAME LAST SUFFIX  
Morales

**OFFICE USE ONLY**

Date Received

RECEIVED  
APR 13 2007

Date Hand-delivered or Date Postmarked

CITY SECRETARY  
MAIL - POSTMARKED  
4/12/07

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2450 Louisiana #400-224 Houston, TX 77006

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713 ) 383-7825

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Ms. Martha  
NICKNAME LAST SUFFIX  
Wong

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
15 Greenway 16F, Houston, TX 77096

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 622- 7888

9 REPORT TYPE

January 15  30th day before election  Final report (Attach C/OH - FR)  Exceeded \$500 limit  
 July 15  8th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
01 / 18 / 2007 THROUGH 04 / 12 / 2007

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
05 / 12 / 2007  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
Harris County School Trustee Pos 6, Pct 1

13 OFFICE SOUGHT (if known)

Houston City Council At-Large Position 3

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS  
  
 additional pages

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #: City; State; Zip Code

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Morales, Roy

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

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

*\*\* This box is for notice of political expenditures 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 750.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 24,000.00**

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 456.48**

4. TOTAL POLITICAL EXPENDITURES **\$ 21,637.00**

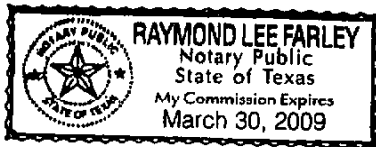
**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$ 2,363.00**

**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 1,200.00**

**19 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.

*R Morales*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROY MORALES, this the 12th day of April, 2007, to certify which, witness my hand and seal of office.





Signature of officer administering oath

*Ray R. Farley*

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 1/12 Report 3/31	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Clymer	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Insurance Agent		10 Employer (See Instructions) Self-employed	
Date 1/31/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kendall	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self-Employed	
Date 1/31/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basaldua, Martin	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions) Self-employed	
Date 2/2/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Streusand, Ben	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Home Loan Corp	
Date 2/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finkleman, Steve	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Scope Imports, Inc	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 2/12 Report 4/31	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/12/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Arthur	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalmers, Kenedia	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elder, Ramsay	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eng, David	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boylan, Michael	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

**1** Total pages Schedule A:  
Schedule: 3/12 Report 5/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

**4** Date  
2/20/2007

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

**6** Contributor address; City; State; Zip Code  
[REDACTED]

**7** Amount of contribution (\$) \$100.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date  
2/26/2007

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Aviles, Dionel (Dr.)

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$) \$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Aviles Engineering Corporation

Date  
2/26/2007

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

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/26/2007

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Blanton, Sr., Jack

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$) \$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
3/1/2007

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

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$) \$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Tejas Office Products, Inc.

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A:  
Schedule: 4/12 Report 6/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

**4** Date  
3/3/2007

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

**6** Contributor address; City; State; Zip Code  
[REDACTED]

**7** Amount of contribution (\$)  
\$500.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
President

**10** Employer (See Instructions)  
Infrastructure Associates, Inc.

Date  
3/3/2007

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

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Beirne, Maynard and Parsons

Date  
3/3/2007

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

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/5/2007

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

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
Louis Macey Investments

Date  
3/12/2007

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

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

(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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 5/12 Report 7/31	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/12/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wing, Louise 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 3/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Frank Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 3/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denike, Dorothy Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 3/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woliver, Ronald Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 3/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klotz, Wayne Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Klotz Associates, Inc	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 6/12 Report 8/31	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Susan	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/20/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Ned	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Parkway Investments	
Date 3/21/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stover, Robert	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dao, John	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Orlando	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 7/12 Report 9/31	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riepe, Ruth	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/21/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominy, David	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Integra	
Date 3/21/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, A.L.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) AP Keller, Inc	
Date 3/21/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Martha	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/22/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapeze, Keith	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(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**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: Schedule: 8/12 Report 10/31	
<b>2</b> FILER NAME MORALES, ROY (MR.)		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date  3/22/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngblood, Larry  <b>6</b> Contributor address; City; State; Zip Code [REDACTED]	<b>7</b> Amount of contribution (\$)  \$100.00  (If travel outside of Texas, complete Schedule T)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  3/22/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sekula-Gibbs, Shelley  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  3/22/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meeks, Mace  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Dean Draper Insurance	
Date  3/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair Republican Women  Contributor address; City; State; Zip Code [REDACTED]	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  3/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake, Betsy  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: Schedule: 9/12 Report 11/31	
<b>2</b> FILER NAME MORALES, ROY (MR.)		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date  3/26/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Windham, James  <b>6</b> Contributor address; City; State; Zip Code [REDACTED]	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Investment Advisor		<b>10</b> Employer (See Instructions) Windham Capital Advisory	
Date  3/29/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cubley, Ruby  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed	
Date  3/29/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Lee  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Phonoscope	
Date  4/3/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vague, Mary Jo  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  4/3/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Sondra  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 10/12 Report 12/31	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/3/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Ned	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/3/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annunziato, Anthony	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) AAA Capital Management	
Date 4/3/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christ, Paul	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jack	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Ernest	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: Schedule: 11/12 Report 13/31	
<b>2</b> FILER NAME MORALES, ROY (MR.)		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date  4/6/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huberty, Janet  <b>6</b> Contributor address; City; State; Zip Code [REDACTED]	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  4/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furse, Austen, III  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  4/9/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jaime  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  4/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubosh, Michael  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kubosh Bail Bonding	
Date  4/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Hill  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A:  
Schedule: 12/12 Report 14/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

**4** Date  
2/26/2007

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

**7** Amount of contribution (\$)

**8** In-kind contribution description (if applicable)

**6** Contributor address; City; State; Zip Code

\$100.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date  
2/28/2007

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/21/2007

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

\$475.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:  
Schedule: 1/1 Report 15/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

**4** TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

**5** Date of loan  
3/5/2007

**7** Name of lender     out-of-state PAC (ID#: \_\_\_\_\_)  
Morales, Roy

**9** Loan Amount (\$)  
\$500.00

**6** Is lender a financial institution?  
Y     N

**8** Lender address;    City;    State;    Zip Code  
7200 Almeda #806  
Houston, TX 77054

**10** Interest rate  
.21%

**11** Maturity date

**12** Principal occupation / Job title (See Instructions)  
Consultant

**13** Employer (See Instructions)  
Self-employed

**14** Description of Collateral  
 none

**15** GUARANTOR INFORMATION  
 not applicable

**16** Name of guarantor  
  
**17** Guarantor address;    City;    State;    Zip Code

**18** Amount Guaranteed (\$)

**19** Principal Occupation

**20** Employer

Date of loan  
3/19/2007

Name of lender     out-of-state PAC (ID#: \_\_\_\_\_)  
Morales, Roy

Loan Amount (\$)  
\$700.00

Is lender a financial institution?  
Y     N

Lender address;    City;    State;    Zip Code  
7200 Almeda #806  
Houston, TX 77054

Interest rate  
.21%

Maturity date

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Self-employed

Description of Collateral  
 none

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
  
Guarantor address;    City;    State;    Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: Schedule: 1/15 Report 16/31
<b>2</b> FILER NAME MORALES, ROY (MR.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  1/31/2007	<b>5</b> Payee name Go Daddy  <b>6</b> Payee address; City; State; Zip Code	<b>7</b> Amount (\$)  \$6.98
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Web Site Hosting  (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  2/1/2007	Payee name Jordan, Justin  Payee address; City; State; Zip Code 14515 Sweetwater View Houston, TX 77047	Amount (\$)  \$300.00
Purpose of payment (See instructions regarding type of information required.) Campaign Assistance  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  2/2/2007	Payee name NX Media  Payee address; City; State; Zip Code 6118 Aletha Lane Houston, TX 77081	Amount (\$)  \$568.31
Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  2/5/2007	Payee name Sprint Digital Print  Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080	Amount (\$)  \$81.19
Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 2/15 Report 17/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

<b>4</b> Date  2/5/2007	<b>5</b> Payee name Jordan, Justin  <b>6</b> Payee address; City; State; Zip Code 14515 Sweetwater View Houston, TX 77047	<b>7</b> Amount (\$)  \$1,000.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Assistance  (If travel outside of Texas, complete Schedule T)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date  2/13/2007	Payee name US Postmaster  Payee address; City; State; Zip Code  Houston, TX	Amount (\$)  \$273.00
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Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date  2/13/2007	Payee name Katy Printer, Inc  Payee address; City; State; Zip Code 5807 Hwy Blvd Katy, TX 77492	Amount (\$)  \$495.89
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Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date  2/14/2007	Payee name US Postmaster  Payee address; City; State; Zip Code  Houston, TX	Amount (\$)  \$84.00
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Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 3/15 Report 18/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

**4** Date  
2/16/2007

**5** Payee name  
Levine, Burt  
**6** Payee address; City; State; Zip Code  
3525 Sage Rd, Suite 509  
Houston, TX 77056

**7** Amount (\$)  
\$150.00

**8** Purpose of payment (See instructions regarding type of information required.)  
Campaign Assistance  
(If travel outside of Texas, complete Schedule T)

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
2/16/2007

Payee name  
Katy Printer, Inc  
Payee address; City; State; Zip Code  
5807 Hwy Blvd  
Katy, TX 77492

Amount (\$)  
\$158.60

Purpose of payment (See instructions regarding type of information required.)  
Printed Material  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
2/20/2007

Payee name  
Sprint Digital Print  
Payee address; City; State; Zip Code  
8748 Clay Rd, Suite 300  
Houston, TX 77080

Amount (\$)  
\$433.00

Purpose of payment (See instructions regarding type of information required.)  
Printed Material  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
2/21/2007

Payee name  
Sprint Digital Print  
Payee address; City; State; Zip Code  
8748 Clay Rd, Suite 300  
Houston, TX 77080

Amount (\$)  
\$595.37

Purpose of payment (See instructions regarding type of information required.)  
Printed Material  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 4/15 Report 19/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

<b>4</b> Date  2/21/2007	<b>5</b> Payee name Sprint Digital Print  <b>6</b> Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080	<b>7</b> Amount (\$)  \$433.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date  2/21/2007	Payee name Young Conservatives  Payee address; City; State; Zip Code 1708 Timber Ridge Dr. Austin, Texas 78741	Amount (\$)  \$75.00
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Purpose of payment (See instructions regarding type of information required.) Community Event  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date  2/21/2007	Payee name Proguard  Payee address; City; State; Zip Code 2915 Old Spanish Trail Houston, TX 77054	Amount (\$)  \$114.50
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Purpose of payment (See instructions regarding type of information required.) Storage Unit  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date  2/26/2007	Payee name Sprint Digital Print  Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080	Amount (\$)  \$595.38
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Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 5/15 Report 20/31
2 FILER NAME <b>MORALES, ROY (MR.)</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date  2/26/2007	5 Payee name <b>Sprint Digital Print</b>  6 Payee address; City; State; Zip Code <b>8748 Clay Rd, Suite 300 Houston, TX 77080</b>	7 Amount (\$)  \$101.75
8 Purpose of payment (See instructions regarding type of information required.) <b>Printed Material</b>  (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date  2/27/2007	Payee name <b>NX Media</b>  Payee address; City; State; Zip Code <b>6118 Aletha Lane Houston, TX 77081</b>	Amount (\$)  \$243.56
Purpose of payment (See instructions regarding type of information required.) <b>Printed Material</b>  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date  2/27/2007	Payee name <b>The Events Company</b>  Payee address; City; State; Zip Code <b>1237 N. Post Oak Rd Houston, TX 77055</b>	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) <b>Catering</b>  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date  2/28/2007	Payee name <b>Levine, Burt</b>  Payee address; City; State; Zip Code <b>3525 Sage Rd, Suite 509 Houston, TX 77056</b>	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) <b>Campaign Assistance</b>  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 6/15 Report 21/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

<b>4</b> Date  3/2/2007	<b>5</b> Payee name Sprint Digital Print  <b>6</b> Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080	<b>7</b> Amount (\$)  \$101.76
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date  3/3/2007	Payee name Sign Here  Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003	Amount (\$)  \$700.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Assistance  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date  3/5/2007	Payee name City of Houston  Payee address; City; State; Zip Code 900 Bagby Houston, TX 77002	Amount (\$)  \$500.00
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Purpose of payment (See instructions regarding type of information required.) Application Fee  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date  3/5/2007	Payee name Sprint Digital Print  Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080	Amount (\$)  \$595.37
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Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
Schedule: 7/15 Report 22/31

2 FILER NAME  
MORALES, ROY (MR.)

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/6/2007	5 Payee name Houston St. Patrick's Parade ..... 6 Payee address; City; State; Zip Code 10220 Memorial #131 Houston, TX 77024	7 Amount (\$) \$125.00
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8 Purpose of payment (See instructions regarding type of information required.) Community Event  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

Date 3/6/2007	Payee name US Postmaster ..... Payee address; City; State; Zip Code Houston, TX	Amount (\$) \$156.00
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Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date 3/8/2007	Payee name Sprint Digital Print ..... Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080	Amount (\$) \$595.38
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Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
--	--

Date 3/8/2007	Payee name US Postmaster ..... Payee address; City; State; Zip Code Houston, TX	Amount (\$) \$117.00
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Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: Schedule: 8/15 Report 23/31
<b>2</b> FILER NAME MORALES, ROY (MR.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  3/10/2007	<b>5</b> Payee name Sign Here ..... <b>6</b> Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003	<b>7</b> Amount (\$)  \$350.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Assistance  (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  3/12/2007	Payee name Women's Political Forum ..... Payee address; City; State; Zip Code  Houston, TX	Amount (\$)  \$70.00
Purpose of payment (See instructions regarding type of information required.) Community Event  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  3/12/2007	Payee name East Chamber of Commerce ..... Payee address; City; State; Zip Code 550 Gulfgate Center Mail Houston, TX 77087	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Community Event  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  3/12/2007	Payee name Katy Printer, Inc ..... Payee address; City; State; Zip Code P.O. Box 808 Katy, TX 77492	Amount (\$)  \$504.55
Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 9/15 Report 24/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

<b>4</b> Date 3/12/2007	<b>5</b> Payee name Katy Printer, Inc ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 808 Katy, TX 77492	<b>7</b> Amount (\$) \$37.79
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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<b>Date</b> 3/12/2007	<b>Payee name</b> Michael Franks Printing ..... <b>Payee address; City; State; Zip Code</b> 404 I-45 South Huntsville, TX 77340	<b>Amount (\$)</b> \$250.00
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<b>Purpose of payment (See instructions regarding type of information required.)</b> Printed Material  (If travel outside of Texas, complete Schedule T)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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<b>Date</b> 3/16/2007	<b>Payee name</b> Sign Here ..... <b>Payee address; City; State; Zip Code</b> 1719 Live Oak Houston, TX 77003	<b>Amount (\$)</b> \$349.00
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<b>Purpose of payment (See instructions regarding type of information required.)</b> Campaign Assistance  (If travel outside of Texas, complete Schedule T)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

<b>Date</b> 3/19/2007	<b>Payee name</b> Levine, Burt ..... <b>Payee address; City; State; Zip Code</b> 3525 Sage Rd, Suite 509 Houston, TX 77056	<b>Amount (\$)</b> \$150.00
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<b>Purpose of payment (See instructions regarding type of information required.)</b> Campaign Assistance  (If travel outside of Texas, complete Schedule T)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: Schedule: 10/15 Report 25/31
<b>2</b> FILER NAME MORALES, ROY (MR.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  3/20/2007	<b>5</b> Payee name Jordan, Justin  <b>6</b> Payee address; City; State; Zip Code 14515 Sweetwater View Houston, TX 77047	<b>7</b> Amount (\$)  \$200.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Assistance  (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  3/22/2007	Payee name Sprint Digital Printing  Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080	Amount (\$)  \$1,190.75
Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  3/22/2007	Payee name Proguard  Payee address; City; State; Zip Code 2915 Old Spanish Trail Houston, TX 77054	Amount (\$)  \$84.50
Purpose of payment (See instructions regarding type of information required.) Storage Unit  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  3/23/2007	Payee name Sign Here  Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Campaign Assistance  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 11/15 Report 26/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

<b>4</b> Date  3/23/2007	<b>5</b> Payee name Sheldon, Patricia  <b>6</b> Payee address; City; State; Zip Code 8001 Burgoyne #6 Houston, TX 77063	<b>7</b> Amount (\$)  \$500.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Assistance  (If travel outside of Texas, complete Schedule T)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date  3/25/2007	Payee name Sign Here  Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003	Amount (\$)  \$165.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Assistance  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date  3/28/2007	Payee name Michael Franks Printing  Payee address; City; State; Zip Code 404 I-45 South Huntsville, TX 77340	Amount (\$)  \$129.60
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Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date  3/28/2007	Payee name Michael Franks Printing  Payee address; City; State; Zip Code 404 I-45 South Huntsville, TX 77340	Amount (\$)  \$500.00
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Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 12/15 Report 27/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

<b>4</b> Date 3/28/2007	<b>5</b> Payee name Sergesketter, Mary  <b>6</b> Payee address; City; State; Zip Code 815 Elk Run Circle Houston, TX 77079	<b>7</b> Amount (\$)  \$500.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Consultant  (If travel outside of Texas, complete Schedule T)	<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 3/31/2007	Payee name Michael Franks Printing  Payee address; City; State; Zip Code 404 I-45 South Huntsville, TX 77340	Amount (\$)  \$1,045.86
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Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 4/1/2007	Payee name Katy Printer, Inc  Payee address; City; State; Zip Code P.O. Box 808 Katy, TX 77492-0808	Amount (\$)  \$276.33
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Purpose of payment (See instructions regarding type of information required.) Printed Material  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 4/1/2007	Payee name Sacred Heart Society  Payee address; City; State; Zip Code 816 East Whitney Drive Houston, TX 77022	Amount (\$)  \$704.00
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Purpose of payment (See instructions regarding type of information required.) Facility Rental  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 13/15 Report 28/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

<b>4</b> Date 4/4/2007	<b>5</b> Payee name US Postmaster	<b>7</b> Amount (\$) \$72.00
<b>6</b> Payee address; City; State; Zip Code Houston, TX		

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T)	<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date 4/5/2007	Payee name US Postmaster	Amount (\$) \$168.00
Payee address; City; State; Zip Code Houston, TX		

Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date 4/6/2007	Payee name Levine, Burt	Amount (\$) \$150.00
Payee address; City; State; Zip Code 3525 Sage Rd, Suite 509 Houston, TX 77056		

Purpose of payment (See instructions regarding type of information required.) Campaign Assistance  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date 4/8/2007	Payee name Sign Here	Amount (\$) \$235.00
Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003		

Purpose of payment (See instructions regarding type of information required.) Campaign Assistance  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 14/15 Report 29/31

**2** FILER NAME  
MORALES, ROY (MR.)

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

**4** Date  
4/8/2007

**5** Payee name  
4/30 Committee

**7** Amount  
(\$)

\$100.00

**6** Payee address; City; State; Zip Code  
8282 Bellaire # 124  
Houston, TX 77036

**8** Purpose of payment (See instructions regarding type of information required.)  
Community Event

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date  
4/12/2007

Payee name  
Sprint

Amount  
(\$)

\$60.00

Payee address; City; State; Zip Code  
P.O. Box 660092  
Dallas, TX 75266-0092

Purpose of payment (See instructions regarding type of information required.)  
Mobile Charges

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date  
4/9/2007

Payee name  
Katy Printer, Inc

Amount  
(\$)

\$166.49

Payee address; City; State; Zip Code  
p.o. bOX 808  
Katy, TX 77492-0808

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date  
4/10/2007

Payee name  
US Postmaster

Amount  
(\$)

\$200.00

Payee address; City; State; Zip Code  
Houston, TX

Purpose of payment (See instructions regarding type of information required.)  
Postage

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
Schedule: 15/15 Report 30/31

2 FILER NAME **MORALES, ROY (MR.)**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <b>US Postmaster</b>	7 Amount (\$)
<b>4/10/2007</b>	6 Payee address; City; State; Zip Code <b>Houston, TX</b>	<b>\$40.00</b>

8 Purpose of payment (See instructions regarding type of information required.) <b>Postage</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name <b>Sprint Digital Printing</b>	Amount (\$)
<b>4/11/2007</b>	Payee address; City; State; Zip Code <b>8748 Clay Rd Suite 300 Houston, TX 77080</b>	<b>\$1,190.75</b>

Purpose of payment (See instructions regarding type of information required.) <b>Printed Material</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name <b>Business Extension</b>	Amount (\$)
<b>4/11/2007</b>	Payee address; City; State; Zip Code <b>P.O. Box 66273 Houston, TX 77266-6273</b>	<b>\$2,000.00</b>

Purpose of payment (See instructions regarding type of information required.) <b>Printed Material</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name <b>US Postmaster</b>	Amount (\$)
<b>4/11/2007</b>	Payee address; City; State; Zip Code	<b>\$96.00</b>

Purpose of payment (See instructions regarding type of information required.) <b>Postage</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule G:  
Schedule: 1/1 Report 31/31

**2** FILER NAME

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

4 Date	5 Payee name Morales, Roy	8 Amount (\$)
2/28/2007	6 Payee address; City; State; Zip Code [REDACTED]	\$66.30
	7 Purpose of expenditure (See instructions regarding type of information required.) Fuel Costs (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
3/31/2007	5 Payee name Morales, Roy 6 Payee address; City; State; Zip Code [REDACTED]	Amount (\$) \$332.55
	7 Purpose of expenditure (See instructions regarding type of information required.) Fuel Costs (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
4/12/2007	5 Payee name Morales, Roy 6 Payee address; City; State; Zip Code [REDACTED]	Amount (\$) \$93.39
	7 Purpose of expenditure (See instructions regarding type of information required.) Fuel Costs (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
3/8/2007	5 Payee name Morales, Roy 6 Payee address; City; State; Zip Code [REDACTED]	Amount (\$) \$7.50
	7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
<del>Date</del>	<del>5 Payee name Payee address; City; State; Zip Code</del>	<del>Amount (\$)</del>
	<del>7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)</del>	<del><input type="checkbox"/> Reimbursement from political contributions intended</del>

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