

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 \$ NA

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 21,300.01

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 26,381.10

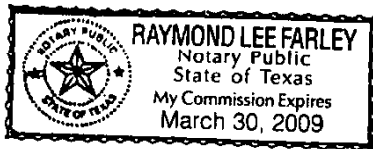
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 876.63

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 8,000.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Rogelio Morales Jr
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rogelio Morales Jr this the 8th day of June, 2007, 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**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 1/14 Report 3/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/9/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFall, Donald	7 Amount of contribution (\$) \$200.00	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)		10 Employer (See Instructions)	
Date 5/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Anna	Amount of contribution (\$) \$25.00	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)		Employer (See Instructions)	
Date 5/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, Jason	Amount of contribution (\$) \$1000.00	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) HBS Construction, Inc	
Date 5/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cweren, Brian	Amount of contribution (\$) \$100.00	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)		Employer (See Instructions)	
Date 5/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elford, John	Amount of contribution (\$) \$200.00	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)		Employer (See Instructions)	

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: 2/14 Report 4/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/12/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korkmas, Thomas	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 5/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamarripa, Mario	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) Owner		Employer (See Instructions) Consultech	
Date 5/14/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Robert	Amount of contribution (\$) \$75.00	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 5/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Hasmukhbhai	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) General Manager		Employer (See Instructions) Best Western Northwest Inn Motel	
Date 5/15/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Priscilla	Amount of contribution (\$) \$50.00	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: 3/14 Report 5/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/15/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanart, Gail	7 Amount of contribution (\$) \$25.00	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 5/15/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haessly, H.	Amount of contribution (\$) \$50.00	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 5/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, A.E.	Amount of contribution (\$) \$25.00	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 5/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hariani, Vasant	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) President		Employer (See Instructions) Infrastructure Associates, Inc.	
Date 5/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lairson, Earl	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: 4/14 Report 6/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garwood, Deborah	7 Amount of contribution (\$) \$50.00	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 5/17/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schnitzer, Abraham	Amount of contribution (\$) \$250.00	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 5/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupre, Janet	Amount of contribution (\$) \$50.00	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 5/20/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sekula-Gibbs, Shelley	Amount of contribution (\$) \$250.00	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 5/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Peter	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)	

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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: 5/14 Report 7/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Janiece	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 5/24/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Patrick	Amount of contribution (\$) \$250.00	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 5/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moscarelli, Joyce	Amount of contribution (\$) \$30.00	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 5/24/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Vanessa	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)		Employer (See Instructions) Community Education Partners	
Date 5/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Cheryl	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: 6/14 Report 8/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howenstine, John	7 Amount of contribution (\$) \$500.00	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) Investment Co Owner		10 Employer (See Instructions) Self Employed	
Date 5/24/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, James	Amount of contribution (\$) \$2000.00	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) President		Employer (See Instructions) Frontier Oil	
Date 5/25/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Si Ho, Thu-Binh	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) President		Employer (See Instructions)	
Date 5/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boylan, Michael	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)		Employer (See Instructions) Retired	
Date 5/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnell, Robert	Amount of contribution (\$) \$75.00	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: 7/14 Report 9/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crist, Paul 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 5/31/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, Robert Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 6/4/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapeze, Keith Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 6/4/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hotze, Bruce Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chariman		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) CECO Engineering			
Date 6/4/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost, Charles Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Chamberlein Harhcka			

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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: 8/14 Report 10/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/4/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzimons, Hugh 6 Contributor address; City; State; Zip Code _____ _____	7 Amount of contribution (\$) \$100.00 <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 6/4/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Lisa Contributor address; City; State; Zip Code _____ _____	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Home Maker		Employer (See Instructions)	
Date 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jon Contributor address; City; State; Zip Code _____ _____	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)	
Date 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Detamore, Donna Contributor address; City; State; Zip Code _____ _____	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)	
Date 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lairson, Earl Contributor address; City; State; Zip Code _____ _____	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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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: Schedule: 9/14 Report 11/28	
2 FILER NAME MORALES, ROY (MR.)				3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Ernest	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code Houston, TX		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Lorine	Amount of contribution (\$) \$100.00	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)			Employer (See Instructions)		
Date 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Council, Tony	Amount of contribution (\$) \$250.00	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)			Employer (See Instructions)		
Date 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dormolen, Deborah LTC (RET)	Amount of contribution (\$) \$250.00	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)			Employer (See Instructions)		
Date 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalmers, Kenedia	Amount of contribution (\$) \$200.00	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)			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: 10/14 Report 12/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchison Hayes L.P. 6 Contributor address; City; State; Zip Code ██████████ ██████████	7 Amount of contribution (\$) \$250.00 (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 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Thomas Contributor address; City; State; Zip Code ██████████ ██████████	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)	
Date 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fong, Tai-Shen Contributor address; City; State; Zip Code ██████████ ██████████	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Tim Contributor address; City; State; Zip Code ██████████ ██████████	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 6/6/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Support Farmers Branch P.A.C. Contributor address; City; State; Zip Code ██████████ ██████████	Amount of contribution (\$) \$200.00 (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

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2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Koch Campaign Fund	7 Amount of contribution (\$) \$500.00	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)		10 Employer (See Instructions)	
Date 6/7/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leofsky, Lenore	Amount of contribution (\$) \$50.00	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)		Employer (See Instructions)	
Date 6/7/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Howard	Amount of contribution (\$) \$50.00	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)		Employer (See Instructions)	
Date 6/7/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ekstrom, Verna	Amount of contribution (\$) \$25.00	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)		Employer (See Instructions)	
Date 6/7/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinos & Associates	Amount of contribution (\$) \$25.00	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)		Employer (See Instructions)	

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OTHER THAN PLEDGES OR LOANS**






SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 12/14 Report 14/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/7/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geldens, Anthony	7 Amount of contribution (\$) \$50.00	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 6/7/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daspit, Christina	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 6/7/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Eunice	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 6/7/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suydam, Pat	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 6/7/2007	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 [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Basaldua & Heller	

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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**


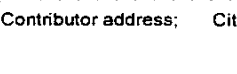



SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 13/14 Report 15/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/7/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Michael	7 Amount of contribution (\$) \$500.00	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) Managing Director		10 Employer (See Instructions) Integra	
Date 6/7/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Dan	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) President		Employer (See Instructions) Enterprise Products, Co	
Date 6/7/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominy, David	Amount of contribution (\$) \$250.00	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)		Employer (See Instructions)	
Date 6/7/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levenson, Kenneth	Amount of contribution (\$) \$250.00	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)		Employer (See Instructions)	
Date 5/22/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Matthew	Amount of contribution (\$) \$1456.20	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) CES Environmental	

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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: 14/14 Report 16/28	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/22/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrin, John 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$242.45	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 5/25/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fremaux, Richard Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$96.80	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 6/4/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Net Media Consultants Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$48.25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 6/5/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fedorko, John Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$242.45	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 6/4/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris County Republican Party Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$3791.95	In-kind contribution description (if applicable) Telemarketing Calls (3 Sets)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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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: 1/2 Report 17/28
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 5/8/2007	7 Name of lender Morales, Roy <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$2700.00
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 <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan 5/10/2007	Name of lender Morales, Roy <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$500.00
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 <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> 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.

LOANS	SCHEDULE E
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Schedule: 2/2 Report 18/28
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2 FILER NAME MORALES, ROY (MR.)	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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5 Date of loan 6/1/2007	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Roy	9 Loan Amount (\$) \$2000.00
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6 Is lender a financial institution? Y <input checked="" type="radio"/> 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 <input type="checkbox"/> none
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15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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Date of loan 6/5/2007	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Roy	Loan Amount (\$) \$1600.00
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Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 7200 Almeda #806 Houston, TX 77054	Interest rate .21%
--	---	-----------------------

11 Maturity date

Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Self-employed
---	--

Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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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. 1 Total pages Schedule F:
Schedule: 1/8 Report 19/28

2 FILER NAME **MORALES, ROY (MR.)** 3 ACCOUNT # (Ethics Commission filers)

4 Date 5/5/2007	5 Payee name NX Media 6 Payee address; City; State; Zip Code	7 Amount (\$) \$218.56
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8 Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/5/2007	Payee name Sam's Club Payee address; City; State; Zip Code	Amount (\$) \$38.51
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Purpose of payment (See instructions regarding type of information required.) Cinco Day Parade decorations (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 5/5/2007	Payee name Levine, Burt Payee address; City; State; Zip Code 3525 Sage Rd Suite Houston, TX 77056	Amount (\$) \$75.00
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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 5/8/2007	Payee name Sign Here Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77056	Amount (\$) \$100.00
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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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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 2/8 Report 20/28
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/9/2007	5 Payee name Katy Printing 6 Payee address; City; State; Zip Code P.O. Box 808 Katy, TX 77492	7 Amount (\$) \$220.20
8 Purpose of payment (See instructions regarding type of information required.) Printing (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 5/9/2007	Payee name Katy Printing Payee address; City; State; Zip Code P.O. Box 808 Katy, TX 77492	Amount (\$) \$144.60
Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/9/2007	Payee name Katy Printing Payee address; City; State; Zip Code P.O. Box 808 Katy, TX 77492	Amount (\$) \$244.68
Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/11/2007	Payee name Sign Here Payee address; City; State; Zip Code 1719 Live Oak Hosuton, TX 77056	Amount (\$) \$200.00
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: 3/8 Report 21/28

2 FILER NAME **MORALES, ROY (MR.)** **3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Sprint Digital	7 Amount (\$)
5/11/2007	6 Payee address; City: State: Zip Code 8748 Clay Rd Suite 300 Houston, TX 77080	\$914.71

8 Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Levine, Burt	Amount (\$)
5/11/2007	Payee address; City: State: Zip Code 3525 Sage Rd Suite 509 Houston, TX 77056	\$75.00

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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Date	Payee name Jackson, Bruce	Amount (\$)
5/14/2007	Payee address; City: State: Zip Code Houston, TX	\$60.00

Purpose of payment (See instructions regarding type of information required.) Election Party Security (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	Payee name Cantino Laredo	Amount (\$)
5/16/2007	Payee address; City: State: Zip Code 11129 Westheimer Houston, TX 77042	\$233.61

Purpose of payment (See instructions regarding type of information required.) Election Watch Party (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: 4/8 Report 22/28
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name Sign Here	7 Amount (\$)
5/17/2007	6 Payee address; City; State; Zip Code 1719 Live Oak Hosuton, TX 77056	\$500.00
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	Payee name	Amount (\$)
5/18/2007	Business Extension Bureau Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273	\$5000.00
Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
5/17/2007	Advantage Payee address; City; State; Zip Code 2300 Clarendon Suite 1004 Arlington, VA 22201	\$470.34
Purpose of payment (See instructions regarding type of information required.) Auto Calls (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
5/19/2007	Office Depot Payee address; City; State; Zip Code Houston, TX	\$24.35
Purpose of payment (See instructions regarding type of information required.) Office Supplies (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: 5/8 Report 23/28
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/20/2007	5 Payee name Levine, Burt 6 Payee address; City; State; Zip Code 3525 Sage Rd Suite 509 Houston, TX 77056	7 Amount (\$) \$75.00
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 5/21/2007	Payee name Sam's Club Payee address; City; State; Zip Code Houston, TX	Amount (\$) \$28.58
Purpose of payment (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)		.. Complets if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5/22/2007	Payee name Sign Here Payee address; City; State; Zip Code 1719 Live Oak Hosuton, TX 77056	Amount (\$) \$100.00
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 5/24/2007	Payee name Business Extension Bureau Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273	Amount (\$) \$3200.00
Purpose of payment (See instructions regarding type of information required.) Printing (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: 6/8 Report 24/28
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/25/2007	5 Payee name Business Extensin Bureau 6 Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273	7 Amount (\$) \$5886.00
8 Purpose of payment (See instructions regarding type of information required.) Printing (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 5/27/2007	Payee name Sign Here Payee address; City; State; Zip Code 1719 Live Oak Hosuton, TX 77056	Amount (\$) \$100.00
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 5/26/2007	Payee name Proguard Payee address; City; State; Zip Code 2913 Old Spanish Trail Houston, TX 77054	Amount (\$) \$169.00
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 6/3/2007	Payee name Sign Here Payee address; City; State; Zip Code 1719 Live Oak Hosuton, TX 77056	Amount (\$) 100.00
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: 7/8 Report 25/28
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/4/2007	5 Payee name Justin Jordan 6 Payee address; City; State; Zip Code 14515 Sweetwater View Houston, TX 77047	7 Amount (\$) \$100.00
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 6/4/2007	Payee name KSEV Payee address; City; State; Zip Code 11451 Katy Freeway Suite 215 Houston, TX 77079	Amount (\$) \$654.50
Purpose of payment (See instructions regarding type of information required.) Radio Advertisement (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/5/2007	Payee name Business Extension Bureau Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273	Amount (\$) \$2400.00
Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/6/2007	Payee name Business Extension Bureau Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273	Amount (\$) \$3000.00
Purpose of payment (See instructions regarding type of information required.) Printing (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: 8/8 Report 26/28
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/6/2007	5 Payee name Business Extension Bureau 6 Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273	7 Amount (\$) \$521.49
8 Purpose of payment (See instructions regarding type of information required.) Printing (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 6/7/2007	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 219554 Kansas City MO 64121	Amount (\$) \$252.86
Purpose of payment (See instructions regarding type of information required.) Cell Phone Overages (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/7/2007	Payee name Sprint Digital Payee address; City; State; Zip Code 8748 Clay Rd Suite 300 Houston, TX 77080	Amount (\$) 914.71
Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/8/2007	Payee name KSEV Payee address; City; State; Zip Code 11451 Katy Freeway Suite 215 Houston, TX 77079	Amount (\$) \$359.40
Purpose of payment (See instructions regarding type of information required.) Radio Advertisement (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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: Schedule: 1/2 Report 27/28
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name Morales, Roy	8 Amount (\$)
5/23/2007	6 Payee address; City; State; Zip Code [REDACTED]	\$352.57
	7 Purpose of expenditure (See instructions regarding type of information required.) Cell Phone Overages (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Morales, Roy	Amount (\$)
5/11,22,31/2007	Payee address; City; State; Zip Code [REDACTED]	\$104.02
	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
Date	Payee name Morales, Roy	Amount (\$)
6/6/2007	Payee address; City; State; Zip Code [REDACTED]	\$11.78
	Purpose of expenditure (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Morales, Roy	Amount (\$)
5/27/2007	Payee address; City; State; Zip Code [REDACTED]	\$24.44
	Purpose of expenditure (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Morales, Roy	Amount (\$)
6/1,4,5,6,7/2007	Payee address; City; State; Zip Code [REDACTED]	\$203.76
	Purpose of expenditure (See instructions regarding type of information required.) Fuel Costs (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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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: 2/2 Report 28/28
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date 5/27/2007	5 Payee name Morales, Roy <hr/> 6 Payee address; City; State; Zip Code [REDACTED]	8 Amount (\$) \$24.44
7 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 6/6/2007	Payee name Morales, Roy <hr/> Payee address; City; State; Zip Code [REDACTED]	Amount (\$) \$11.78
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
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

Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
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

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