FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 58 00090470 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Morgan NAME Date Received **ELECTRONICALLY FILED** 10/04/2020 NICKNAME LAST **SUFFIX** Witt CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 4025 Duval Rd MAILING Amount Receipt # **ADDRESS** Apt 2127 AUSTIN, TX 78759 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Morgan NAME NICKNAME LAST **SUFFIX** Witt STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4025 Duval Rd **ADDRESS** Apt 2127 (Residence or Business) AUSTIN, TX 78759 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 525-0787 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded \$500 limit **PERIOD** Month Day Year Month Day Year **COVERED** 07/01/2020 **THROUGH** 09/24/2020 10 ELECTION **ELECTION TYPE ELECTION DATE** Month Day Year Primary Runoff Other 11/03/2020 χ General Special

Forms provided by Texas Ethics Commission

11 OFFICE

OFFICE HELD (if any)

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12 OFFICE SOUGHT (if known)

Version V2.1.1d11bc74

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Witt, Morgan			14 Filer ID 00090470	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expendings as may have been made without required to report this information.	t the candidate's or offi	iceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAI	ME			
	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAI	MPAIGN TREASURER NAME			
		COMMITTEE CAI	MPAIGN TREASURER ADDRI	ESS		
16 CONTRIBUTION TOTALS			NS OF \$50 OR LESS (OTHER DANS), UNLESS ITEMIZED	R THAN PLEDGES,	\$	0.00
		AL CONTRIBUTION PLEDGES, LOANS	ONS 5, OR GUARANTEES OF LOAN	NS)	\$	15,505.20
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS					\$	160.37
4. TOTAL POLITICAL EXPENDITURES						1,635.57
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE	LAST DAY OF THE	\$	14,776.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		ALL OUTSTANDING LOANS A	S OF THE LAST DAY	\$	2,500.00
17 AFFADAVIT	<u> </u>				I	
			I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required	accompanying d to be reporte	report is ed by me
				Morgan Witt		
			Signature	of Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witnes	s my hand and seal of office.			
Signature of office	cer administering	Printed name	e of officer administering	Title of offic	cer administer	ing oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				3 of 58				
18 FILER I		19 Filer ID 00090470	(Ethics	Commission Filers)				
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,912.20				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,593.00				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS							
4.	4. X SCHEDULE E: LOANS							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	1,635.57					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$						
12.	\$							

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this form.	. 1	Total pages Schedule A1: Sch: 1/31 Rpt: 4/58		
2	FILER NAME Witt, Morgan		3	Filer ID (Ethics Commission 00090470	n Filers)	
4	Date 08/17/2020	 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu Manager		imployer (See Instructions) apple Inc			
	Date 09/11/2020	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$400.00	
	Principal occu Entrepreneur		imployer (See Instructions) I/A			
	Date 07/24/2020	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$400.00	
	Principal occur	Austin, TX 78704 pation / Job title (See Instructions)	imployer (See Instructions)			
	Director of O		ustin Habitat for Humanii	ty		
	Date 08/17/2020	Full name of contributor out-of-state PAC (ID#: Andrews, Cathy Contributor address; City; State; Zip Code 940 E 52nd Street Austin, TX 78751		Amount of Contribution (\$)	\$50.00	
	Principal occu Professor		imployer (See Instructions) Austin Community College	2		
	Date 08/18/2020	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$200.00	
			imployer (See Instructions) Civitas Learning			
		•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/31 Rpt: 5/58		
2	FILER NAME Witt, Morgan	1		3	Filer ID (Ethics Commission 00090470	n Filers)	
4	Date 09/21/2020			7	Amount of Contribution (\$)	\$150.00	
		Austin, TX 78703					
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)			
	Date 07/16/2020	Full name of contributor out-of-state PAC (ID#:_Bailey, Brent Contributor address; City; State; Zip Code 605 Deep Eddy Ave Austin, TX 78703			Amount of Contribution (\$)	\$250.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)			
	Date 08/06/2020	Full name of contributor out-of-state PAC (ID#:_Bailey, Caroline Contributor address; City; State; Zip Code 800 W 38th St Apt 11304			Amount of Contribution (\$)	\$100.00	
	•	Austin, TX 78705 pation / Job title (See Instructions) lation Planner	Employer (See Instructions GrantWorks Inc.	<u> </u> ;)			
	Date 09/17/2020	Full name of contributor out-of-state PAC (ID#:_ Bailey, Jenny			Amount of Contribution (\$)	\$150.00	
	Principal occu Not Employe	Padion / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u> 5)			
	Date 07/16/2020	Full name of contributor out-of-state PAC (ID#:_Bailey, Jenny Contributor address; City; State; Zip Code 605 Deep Eddy Ave. Austin, TX 78703)		Amount of Contribution (\$)	\$250.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>(</u>			

	MONEI	ARY POLITICAL CO	NIRIBUTION	15		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 3/31 Rpt: 6/58	
2	FILER NAME Witt, Morgan				3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 08/30/2020	5 Full name of contributor Banahan, Katie6 Contributor address; City; State 4303 Shoalwood Ave	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occup Content Write	Austin, TX 78756 pation / Job title (See Instructions) er	9	Employer (See Instructions Civitas Learning	<u>;</u>)		
	Date 08/14/2020	Full name of contributor Beasley, Sheila Contributor address; City; State 1115 Spring Oak Way Cumming, GA 30041	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occup Corporate Tr	pation / Job title (See Instructions) ainor		Employer (See Instructions LNRS	5)		
	Date 09/23/2020	Full name of contributor Bell, Christopher Contributor address; City; State 2014 Tramson Dr Austin, TX 78741	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occup Software Eng	pation / Job title (See Instructions)		Employer (See Instructions Civitas Learning	5)		
	Date 08/12/2020	Full name of contributor Bell, Christopher Contributor address; City; State 2014 Tramson Drive Austin, TX 78741	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occup Software Dev	pation / Job title (See Instructions) veloper		Employer (See Instructions Civitas Learning	()		
	Date 09/17/2020	Full name of contributor Bettac, Chad Contributor address; City; State 1008 Banyon Street Austin, TX 78757	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occup Director	pation / Job title (See Instructions)		Employer (See Instructions Halfaker)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 4/31 Rpt: 7/58		
2	FILER NAME Witt, Morgan			3	Filer ID (Ethics Commission 00090470	n Filers)	
4	Date 09/08/2020	 5 Full name of contributor out-of-state PAC (ID#:_Bettac, Chad 6 Contributor address; City; State; Zip Code 1008 Banyon St)	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu Director	Austin, TX 78757 pation / Job title (See Instructions)	9 Employer (See Instructions Halfaker	s)			
	Date 07/31/2020	Full name of contributor out-of-state PAC (ID#:_Blair, Tanner Contributor address; City; State; Zip Code 8603 Winding Walk Austin, TX 78757			Amount of Contribution (\$)	\$375.00	
	Principal occu Systems Eng	pation / Job title (See Instructions) jineer	Employer (See Instructions NI	s)			
	Date 07/15/2020	Full name of contributor out-of-state PAC (ID#:_Blair, Tanner Contributor address; City; State; Zip Code 8603 Winding Walk			Amount of Contribution (\$)	\$25.00	
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions	c)			
	Engineer	oduon 7 oob uuc (occ mandenons)	NI	3)			
	Date 08/25/2020	Full name of contributor out-of-state PAC (ID#:_Blanchard, Dustin Contributor address; City; State; Zip Code 1000 E 5th St Apt 655 Austin, TX 78702)		Amount of Contribution (\$)	\$5.00	
	Principal occu Software Eng	pation / Job title (See Instructions) gineer	Employer (See Instructions CarServ	s)			
	Date 09/18/2020	Full name of contributor out-of-state PAC (ID#:_Boyt, Jeb Contributor address; City; State; Zip Code 5423 Shoalwood Austin, TX 78756			Amount of Contribution (\$)	\$400.00	
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Texas Department of Ins		ance		
			•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/31 Rpt: 8/58		
2	FILER NAME Witt, Morgan	1		3	Filer ID (Ethics Commission 00090470	n Filers)	
4	Date 08/07/2020	 Full name of contributor out-of-state PAC (ID#:_Brandenburg, Kollin Contributor address; City; State; Zip Code 1813 RICHWOOD DR)	7	Amount of Contribution (\$)	\$25.00	
		Austin, TX 78757					
8	Principal occu Software En	pation / Job title (See Instructions) gineer	Employer (See Instructions KW	s)			
	Date 07/16/2020	Full name of contributor out-of-state PAC (ID#:_Bray, Timothy Contributor address; City; State; Zip Code 4801 Placid Place Austin, TX 78731			Amount of Contribution (\$)	\$25.00	
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)			
	Date 07/16/2020	Full name of contributor out-of-state PAC (ID#:_Brickell, James Contributor address; City; State; Zip Code 4911 W. Cuyler Ave. #2			Amount of Contribution (\$)	\$7.00	
	Principal occu	Chicago, IL 60641 pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Operations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	United Airlines	-,			
	Date 09/09/2020	Full name of contributor out-of-state PAC (ID#:_ Brickell, Mary-Claire Contributor address; City; State; Zip Code 13311 Kimberley Ln Houston, TX 77079			Amount of Contribution (\$)	\$25.00	
	Principal occu Librarian	pation / Job title (See Instructions)	Employer (See Instructions Harris County	s)			
	Date 09/07/2020	Full name of contributor out-of-state PAC (ID#:_ Burleigh, Carl Contributor address; City; State; Zip Code 800 Sparrow Cove Georgetown, TX 78626			Amount of Contribution (\$)	\$100.00	
	Principal occu Sourcing Spe	pation / Job title (See Instructions)	Employer (See Instructions Mercaterra Atlantic LLC				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/31 Rpt: 9/58	
2	FILER NAME Witt, Morgan			3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 09/24/2020	 Full name of contributor out-of-state PAC (ID#:_Carter, Kathy Contributor address; City; State; Zip Code 2207 stonehaven)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Not Employe		Employer (See Instructions Not Employed	5)		
	Date 09/12/2020	Full name of contributor out-of-state PAC (ID#:_Carter, Kathy Contributor address; City; State; Zip Code 2207 stonehaven San Marcos, TX 78666		•	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	S)		
	Date 09/03/2020	Full name of contributor out-of-state PAC (ID#:_ Carter, Kathy Contributor address; City; State; Zip Code 2207 stonehaven)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	san marcos, TX 78666 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe	d	Not Employed			
	Date 07/24/2020	Full name of contributor out-of-state PAC (ID#:_Celko, Joe Contributor address; City; State; Zip Code 4301 Kilgore Lane Austin, TX 78727)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 09/08/2020	Full name of contributor out-of-state PAC (ID#:_ Colver, Mitchell Contributor address; City; State; Zip Code 153 S 1450 E Hyrum, UT 84319)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Educator	oation / Job title (See Instructions)	Employer (See Instructions Utah State University	5)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 7/31 Rpt: 10/58	
2	FILER NAME Witt, Morgan				3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 07/16/2020	 Full name of contributor out Crossley, Jay Contributor address; City; State; Zip 1010 Romeria B 	e-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Nonprofit	Austin, TX 78757 Dation / Job title (See Instructions)	9	Employer (See Instructions Farm&City)		
	Date 09/24/2020	Full name of contributor out Dennis, Austin Contributor address; City; State; Zip 2111 E 22nd St Austin, TX 78722	c-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occup Product man	pation / Job title (See Instructions) ager		Employer (See Instructions Visa)		
	Date 09/19/2020	Denton, Rachel Contributor address; City; State; Zip 4900 E. Oltorf St	or-of-state PAC (ID#:			Amount of Contribution (\$)	\$375.00
	Principal occup	Austin, TX 78741 Dation / Job title (See Instructions)		Employer (See Instructions Atlassian)		
	Date 08/06/2020	<u> </u>	r-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occup Program Mar	pation / Job title (See Instructions) nager		Employer (See Instructions Atlassian)		
	Date 09/17/2020	Full name of contributor out Derengowski, Anna Contributor address; City; State; Zip 5505 William Holland Ave Apt A Austin, TX 78756				Amount of Contribution (\$)	\$25.00
	Principal occup software dev	pation / Job title (See Instructions) eloper		Employer (See Instructions Dun & Bradstreet)		
			<u> </u>				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/31 Rpt: 11/58		
2	FILER NAME Witt, Morgan			3	Filer ID (Ethics Commission 00090470	n Filers)	
4	Date 08/17/2020	08/17/2020 Derengowski, Anna 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00	
		5505 William Holland Ave Apt A Austin, TX 78756					
8	Principal occu software dev	pation / Job title (See Instructions) eloper	9 Employer (See Instructions Dun & Bradstreet	s)			
	Date 07/16/2020	Full name of contributor out-of-state PAC (ID#:_ Diana, Brent Contributor address; City; State; Zip Code 5313 Apple Orchard Ln Austin, TX 78744		•	Amount of Contribution (\$)	\$7.00	
	•	pation / Job title (See Instructions) elligence Analyst	Employer (See Instructions Indeed	s)			
	Date 08/06/2020	Full name of contributor out-of-state PAC (ID#:_ Ensign, Derek Contributor address; City; State; Zip Code 4710 Santa Anna St			Amount of Contribution (\$)	\$50.00	
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions Accenture	<u> </u> s)			
	Date 08/07/2020	Contributor address; City; State; Zip Code 11606 Hidden Quail Dr			Amount of Contribution (\$)	\$120.20	
	Principal occu Systems Ana	Austin, TX 78758 pation / Job title (See Instructions)	Employer (See Instructions Apple	<u> </u> s)			
		<u> </u>	Арріе	_			
	Date 08/30/2020	Full name of contributor out-of-state PAC (ID#:_Finn, Julia Contributor address; City; State; Zip Code 1732 Dapplegrey Ln Austin, TX 78727)		Amount of Contribution (\$)	\$10.00	
	Principal occu Purchasing	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	5)			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this f	form	1.	1	Total pages Schedule A1: Sch: 9/31 Rpt: 12/58	
2	FILER NAME Witt, Morgan					3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 09/24/2020	 5 Full name of contributor Friis, Gregory 6 Contributor address; City; S 3101 S Lamar Blvd Apt 1 	•)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Software Enç	Austin, TX 78704 pation / Job title (See Instructions gineer	s)		Employer (See Instructions H-E-B	5)		
	Date 07/15/2020	Full name of contributor Friis, Gregory Contributor address; City; S 3101 S Lamar Blvd Apt 1: Austin, TX 78704	524				Amount of Contribution (\$)	\$50.00
	Principal occup Software Eng	pation / Job title (See Instructions gineer	8)		Employer (See Instructions H-E-B	i)		
	Date 09/22/2020	Full name of contributor Frisby, Claire Contributor address; City; S 7604 Wildcat Pass	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions	S)		Employer (See Instructions	<u> </u>		
	Marketing Op	perations			Indeed			
	Date 07/22/2020	Full name of contributor Gilcrease, Pete Contributor address; City; S 108 E 48th St Austin, TX 78751	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occup Self	pation / Job title (See Instructions	s)		Employer (See Instructions Self	5)		
	Date 07/26/2020	Full name of contributor Goff, Eric Contributor address; City; S 1003 Jewell St Austin, TX 78704	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu Manager	pation / Job title (See Instructions	5)	1	Employer (See Instructions Reliant	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/31 Rpt: 13/58
2	FILER NAME Witt, Morgan	1		3 Filer ID (Ethics Commission Filers) 00090470
4	Date 09/11/2020	5 Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Julio 6 Contributor address; City; State; Zip Code 2614 Delwood Place		7 Amount of Contribution (\$) \$400.00
		Austin, TX 78703		
8	Principal occu Charm	pation / Job title (See Instructions)	9 Employer (See Instructions Executive	()
	Date 08/19/2020	Full name of contributor out-of-state PAC (ID#:_ Gore, Sara Contributor address; City; State; Zip Code 5400 Roosevelt Ave Apt B Austin, TX 78756		Amount of Contribution (\$) \$50.00
	Principal occu software and	pation / Job title (See Instructions)	Employer (See Instructions University of Texas at A	
	Date 08/09/2020	Full name of contributor out-of-state PAC (ID#:_ Gorse, Michael Contributor address; City; State; Zip Code 1510 W North Loop BLVD #126 Austin, TX 78756		Amount of Contribution (\$) \$400.00
	Principal occu software eng	pation / Job title (See Instructions) gineer	Employer (See Instructions SUSE LLC))
	Date 08/20/2020	Full name of contributor out-of-state PAC (ID#:_ Griffin, Brennan Contributor address; City; State; Zip Code 7105 Gunnison Pass Austin, TX 78724)	Amount of Contribution (\$) \$50.00
	Principal occu Nonprofit ma	pation / Job title (See Instructions) anager	Employer (See Instructions Texas Appleseed))
	Date 07/30/2020	Full name of contributor out-of-state PAC (ID#:_ Halprin, Elizabeth Contributor address; City; State; Zip Code 1406 North Street Unit B Austin, TX 78756		Amount of Contribution (\$) \$25.00
		pation / Job title (See Instructions)	Employer (See Instructions	
	Operations N	via i ayei	Foundation Communitie	5

	MONEI	ARY POLITICAL CONTRIBUT	IIOI	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	is for	rm.	1	Total pages Schedule A1: Sch: 11/31 Rpt: 14/58	
2	FILER NAME Witt, Morgan				3	Filer ID (Ethics Commissio 00090470	n Filers)
4	Date 07/31/2020	 Full name of contributor out-of-state PAC (In Hanna, Jeffrey Contributor address; City; State; Zip Code 5106 north Lamar Blvd apt 262 	ID#:		7	Amount of Contribution (\$)	\$7.00
8	Principal occu Not Employe	Austin, TX 78751 pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 08/08/2020	Full name of contributor out-of-state PAC (I Hernandez, Priscila Contributor address; City; State; Zip Code 2000 Cullen Ave #6-27 Austin, TX 78757	ID#:)	•	Amount of Contribution (\$)	\$10.00
	Principal occu archives	pation / Job title (See Instructions)		Employer (See Instructions state of TX	s)		
	Date 09/18/2020	Full name of contributor out-of-state PAC (I Horning-Rao, Meredith Contributor address; City; State; Zip Code 2211 W North Loop Blvd Apt 235 Austin, TX 78756	ID#:)	•	Amount of Contribution (\$)	\$400.00
		pation / Job title (See Instructions) ccess Manager		Employer (See Instructions Civitas Learning	<u> </u>		
	Date 09/24/2020	Full name of contributor out-of-state PAC (In Hoskins, Kyle Contributor address; City; State; Zip Code 115 Sandra Muraida Way Apartment 323 Austin, TX 78703	ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Software Dev	oation / Job title (See Instructions) veloper		Employer (See Instructions Apex Process Consulta			
	Date 09/23/2020	Full name of contributor out-of-state PAC (I Huckabee, Alex Contributor address; City; State; Zip Code 123 Main St. Austin, TX 78756	ID#:		•	Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Engineering	5)		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/31 Rpt: 15/58	
2	FILER NAME Witt, Morgan			3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 09/11/2020	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		7602 GLENHILL CV Austin, TX 78752				
8	Principal occu Realtor	pation / Job title (See Instructions)	9 Employer (See Instructions Realty Austin	s)		
	Date 09/14/2020	Full name of contributor out-of-state PAC (ID#: Johnson, Heidi Contributor address; City; State; Zip Code 7607 Gault St Austin, TX 78757			Amount of Contribution (\$)	\$50.00
	Principal occu Not employe	pation / Job title (See Instructions)	Employer (See Instructions Not employed	s)		
	Date 08/12/2020	Full name of contributor out-of-state PAC (ID#: Kellison, Lucy Contributor address; City; State; Zip Code 1118 West 10th St Apt C			Amount of Contribution (\$)	\$50.00
		Austin, TX 78703				
		pation / Job title (See Instructions) ccess Manager	Employer (See Instructions Civitas Learning	s)		
	Date 07/25/2020	Full name of contributor out-of-state PAC (ID#:_ Keshet, Dan Contributor address; City; State; Zip Code 908 Nueces St. 22 Austin, TX 78701)		Amount of Contribution (\$)	\$50.00
	Principal occu Data Scientis	pation / Job title (See Instructions)	Employer (See Instructions Qcue Inc	s)		
	Date 09/20/2020	Full name of contributor out-of-state PAC (ID#:_Khamsi, Tymon Contributor address; City; State; Zip Code 1405 Clifford Ave Austin, TX 78702)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) udent Assistant	Employer (See Instructions UT Austin	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/31 Rpt: 16/58	
2	FILER NAME Witt, Morgan	1		3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 08/10/2020	 Full name of contributor out-of-state PAC (ID#:_Kim, Dustin Contributor address; City; State; Zip Code 911 Banyon St 		7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78757				
8	Principal occu Actuary	pation / Job title (See Instructions)	Employer (See Instructions Rudd and Wisdom	s)		
	Date 09/22/2020	Full name of contributor out-of-state PAC (ID#:_ Knapp, Steven Contributor address; City; State; Zip Code 7013 St Johns Circle Austin, TX 78757		•	Amount of Contribution (\$)	\$100.00
	Principal occu Business Ov	pation / Job title (See Instructions) vner	Employer (See Instructions Mamabird Co.	5)		
	Date 07/16/2020	Full name of contributor out-of-state PAC (ID#:_ Koch, Kelsey Contributor address; City; State; Zip Code 1909 Rockland Drive Austin, TX 78748			Amount of Contribution (\$)	\$7.00
	Principal occu Customer Su	Pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 08/11/2020	Full name of contributor out-of-state PAC (ID#:_ Lam, Linda			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78758 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Teacher		Maple Bear Bucheon			
	Date 09/07/2020	Full name of contributor out-of-state PAC (ID#:_Lavender, Karl Contributor address; City; State; Zip Code 9121 Ipswich Bay Drive Austin, TX 78747			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Production S	ραμμοιτ	AT&T			

	MONEI	ARY POLITICAL CONTRIB	UHON	15		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 14/31 Rpt: 17/58	
2	FILER NAME Witt, Morgan				3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 08/17/2020	 Full name of contributor out-of-state P Lavender, Karl Contributor address; City; State; Zip Code 9121 Ipswich Bay Drive 	PAC (ID#:		7	Amount of Contribution (\$)	\$199.00
•	Dringinal occur	Austin, TX 78747 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/_		
0	Production S		3	AT&T)		
	Date 09/11/2020	Full name of contributor out-of-state P Loomis, Andrew Contributor address; City; State; Zip Code 1111 Perry Rd Austin, TX 78721	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu UT-Austin	pation / Job title (See Instructions)		Employer (See Instructions Senior Software Develo			
	Date 09/24/2020	Full name of contributor out-of-state P Marphatia, Anand Contributor address; City; State; Zip Code 4631 Miramar Drive League City, TX 77573	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	d		Not Employed			
	Date 09/07/2020	Full name of contributor out-of-state P Maxwell, Felicity Contributor address; City; State; Zip Code 2121 Melridge Pl Austin, TX 78704	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Business Ow	pation / Job title (See Instructions) oner		Employer (See Instructions fibercove	5)		
	Date 08/07/2020	Full name of contributor out-of-state P Maxwell, Felicity Contributor address; City; State; Zip Code 2121 Melridge Pl Austin, TX 78704	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Business Ow	oation / Job title (See Instructions) oner		Employer (See Instructions fibercove	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/31 Rpt: 18/58	
2	FILER NAME Witt, Morgan	1		3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 08/06/2020	 5 Full name of contributor out-of-state PAC (ID#:_McCarley, Maureen 6 Contributor address; City; State; Zip Code 2816 Calle de Cordoba)	7	Amount of Contribution (\$)	\$50.00
		Fairfield, CA 94534				
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 07/17/2020	Full name of contributor out-of-state PAC (ID#:_McCarley, Maureen Contributor address; City; State; Zip Code 2816 Calle de Cordoba Fairfield, CA 94534			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	Date 08/18/2020	Full name of contributor out-of-state PAC (ID#:_McRae, Jordan Contributor address; City; State; Zip Code 4646 Mueller Boulevard Apt 2074			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Accountant		Whole Foods Market		, (O . 1) . (A)	
	Date 09/15/2020	Full name of contributor out-of-state PAC (ID#:_Miller, Kevin Contributor address; City; State; Zip Code 12323 Tomanet Trl Austin, TX 78758			Amount of Contribution (\$)	\$250.00
	Principal occu Training dev	pation / Job title (See Instructions) eloper	Employer (See Instructions Apple Inc.	s)		
	Date 07/16/2020	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions ut austin	<u>(</u>		

	MONEI	ARY POLITICAL CONTRIBUTION	יוכ	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 16/31 Rpt: 19/58	
2	FILER NAME Witt, Morgan				3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 09/24/2020	 Full name of contributor out-of-state PAC (ID#: Nathanson-Flowers, Eric Contributor address; City; State; Zip Code 6817 Willamette Dr 			7	Amount of Contribution (\$)	\$250.00
8	Principal occu Consultant	Austin, TX 78723 pation / Job title (See Instructions)	9	Employer (See Instructions Box	 s)		
	Date 09/06/2020	Full name of contributor out-of-state PAC (ID#: Nathanson-Flowers, Eric Contributor address; City; State; Zip Code 6817 Willamette Dr Austin, TX 78723)		Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Box	5)		
	Date 09/24/2020	Full name of contributor out-of-state PAC (ID#: Nathanson-Flowers, H Contributor address; City; State; Zip Code 6817 Willamette Dr				Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u>		
	Consultant			Box			
	Date 09/24/2020	Full name of contributor out-of-state PAC (ID#: Nathanson-Flowers, H Contributor address; City; State; Zip Code 6817 Willamette Dr Austin, TX 78723)		Amount of Contribution (\$)	\$250.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Box	s)		
	Date 09/24/2020	Full name of contributor out-of-state PAC (ID#: O'Meara, Caroline Contributor address; City; State; Zip Code 1204 West Saint Johns avenue Austin, TX 78757)		Amount of Contribution (\$)	\$25.00
	Principal occu business and	pation / Job title (See Instructions) alyay		Employer (See Instructions Tokyo electron	s)		

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 17/31 Rpt: 20/58
2 FILER NAME Witt, Morgan			3 Filer ID (Ethics Commission Filers) 00090470
4 Date 08/06/2020	5 Full name of contributor out-of-state PAC (ID#:_ONeal, Jen 6 Contributor address; City; State; Zip Code 1216 Doonesbury Dr		7 Amount of Contribution (\$) \$100.00
	Austin, TX 78758		
8 Principal occu community o	ıpation / Job title (See Instructions) organizer	Employer (See Instructions Feeding Texas	()
Date 08/19/2020	Full name of contributor out-of-state PAC (ID#:_Padilla, Leslie Contributor address; City; State; Zip Code 621 Valverde Drive SW Albuquerque, NM 87108		Amount of Contribution (\$) \$50.00
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions PNM Resources)
Date 07/19/2020	Full name of contributor out-of-state PAC (ID#:_Parker, Madelyn Contributor address; City; State; Zip Code 15026 Eves Necklace Ct Cypress, TX 77433)	Amount of Contribution (\$) \$25.00
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Learning Co	ordinator	Вр	
Date 08/06/2020	Full name of contributor out-of-state PAC (ID#:_Patel, Prachi Contributor address; City; State; Zip Code 5206 Huisache Street Apt B Austin, TX 78751)	Amount of Contribution (\$) \$50.00
Principal occu Planner	upation / Job title (See Instructions)	Employer (See Instructions Austin Water)
Date 09/24/2020	Full name of contributor out-of-state PAC (ID#:_Poteet, Brian Contributor address; City; State; Zip Code 5608 Avenue F Apt. 135 Austin, TX 78751		Amount of Contribution (\$) \$25.00
Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions National Instruments))
			<u> </u>

	MONEI	Α	RY POLITICAL (CONTRIBUTIO)N	15		SCHEDUL	E A1
	The Instru	cti	ion Guide explains how	to complete this f	or	m.	1	Total pages Schedule A1: Sch: 18/31 Rpt: 21/58	
2	FILER NAME Witt, Morgan						3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 08/19/2020	5	Full name of contributor Poteet, Brian Contributor address; City; St 5608 Avenue F Apt. 135	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Engineer	ıpa	Austin, TX 78751 tion / Job title (See Instructions)	9	Employer (See Instructions National Instruments) s)		
	Date 07/17/2020		Full name of contributor Poteet, Brian Contributor address; City; St 5608 Avenue F Austin, TX 78751	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	ipa	tion / Job title (See Instructions)		Employer (See Instructions National Instruments	5)		
	Date 07/16/2020		Full name of contributor Price, Devin Contributor address; City; St 606 Upson St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	ıpa	Austin, TX 78703 tion / Job title (See Instructions)	Γ	Employer (See Instructions	 - s)		
	Web Develo	pe	r			Universal Yums			
	Date 07/16/2020		Full name of contributor Price, Elizabeth Contributor address; City; St 2114 Barr St Unit D Houston, TX 77080	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$7.00
	Principal occu Not Employe		tion / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>l</u> 5)		
	Date 07/15/2020		Full name of contributor Pustejovsky, Mary Contributor address; City; St 7325 Wolverine St Austin, TX 78757	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
	Principal occu Product Mar		tion / Job title (See Instructions ger)		Employer (See Instructions Salesforce	5)		

	MONEI	ARY POLITICAL CONTRIBUTION)NS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/31 Rpt: 22/58
2	FILER NAME Witt, Morgan			3 Filer ID (Ethics Commission Filers) 00090470
4	Date 09/23/2020	 Full name of contributor out-of-state PAC (ID#:_Qadri, Zohaib Contributor address; City; State; Zip Code 91 Rainey St. Apt. 138)	7 Amount of Contribution (\$) \$25.00
8	Principal occu Regional Dire	Austin, TX 78701 pation / Job title (See Instructions) ector	Employer (See Instructions DigiDems	<u> </u>
	Date 08/06/2020	Full name of contributor out-of-state PAC (ID#:_Quist, Kevin Contributor address; City; State; Zip Code 8519 Sweet Melissa Dr Katy, TX 77494		Amount of Contribution (\$) \$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) d	Employer (See Instructions Not Employed	s)
	Date 09/24/2020	Full name of contributor out-of-state PAC (ID#:_ Reaume, Gayle Contributor address; City; State; Zip Code 900 E 51st St Apt 111		Amount of Contribution (\$) \$10.00
		Austin, TX 78751 pation / Job title (See Instructions)	Employer (See Instructions	5)
	Not Employe Date 09/11/2020	Full name of contributor out-of-state PAC (ID#:_Reid, Sonja Contributor address; City; State; Zip Code 5310 Joe Sayers Ave. #108 Austin, TX 78756	Not Employed	Amount of Contribution (\$) \$20.00
	Principal occu Exhibition Co	pation / Job title (See Instructions) pordinator	Employer (See Instructions University of Texas at A	
	Date 09/14/2020	Full name of contributor out-of-state PAC (ID#:_Riegel, Daniel Contributor address; City; State; Zip Code 500 E Riverside Dr Unit 228 Austin, TX 78704		Amount of Contribution (\$) \$25.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Richards Rodriguez & S	

	MONEI	ARY POLITICAL CONTRIBUTION)NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/31 Rpt: 23/58	
2	FILER NAME Witt, Morgan			3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 07/28/2020	 Full name of contributor out-of-state PAC (ID#:_Riley, Chris Contributor address; City; State; Zip Code 1310 San Antonio St. Apt. 1 		7	Amount of Contribution (\$)	\$50.00
8	Principal occu Not Employe	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See In Not Employed	estructions)		
	Date 09/24/2020	Full name of contributor out-of-state PAC (ID#:_Rodriguez, Rafael Contributor address; City; State; Zip Code 2819 Foster Lane Apt 149 Austin, TX 78757			Amount of Contribution (\$)	\$25.00
	Principal occu Draftsman	pation / Job title (See Instructions)	Employer (See In CobbFendley	structions)		
	Date 08/11/2020	Full name of contributor out-of-state PAC (ID#:_Ross, Clendon Contributor address; City; State; Zip Code 1501 Barton Springs Rd Apt 234 Austin, TX 78704)	Amount of Contribution (\$)	\$25.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See In Inside Texas	structions)		
	Date 07/27/2020	Full name of contributor out-of-state PAC (ID#:_Ross, Clendon Contributor address; City; State; Zip Code 1501 Barton Springs Rd Apt 234 Austin, TX 78704			Amount of Contribution (\$)	\$25.00
	Principal occu Owner	oation / Job title (See Instructions)	Employer (See In Inside Texas	structions)		
	Date 09/24/2020	Full name of contributor out-of-state PAC (ID#:_Ross, Kelsey Contributor address; City; State; Zip Code 900A Karen Ave Austin, TX 78757			Amount of Contribution (\$)	\$50.00
	Principal occu Landscape D	pation / Job title (See Instructions) pesigner	Employer (See In Asakura Robins			

	MONEI	ARY POLITICAL CONTI	RIBUTION	15		SCHEDULI	E A1
	The Instruc	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 21/31 Rpt: 24/58	
2	FILER NAME Witt, Morgan				3	Filer ID (Ethics Commission 00090470	Filers)
4	Date 07/16/2020	Salinas, Andrea 6 Contributor address; City; State; Zip Co 112 Sam Houston Drive	state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Not Employe	Bastrop, TX 78602 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed)		
	Date 09/17/2020	Full name of contributor out-of-s Scarborough, Alix Contributor address; City; State; Zip Co 7309 Wolverine Street Austin, TX 78757	state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Steer)		
	Date 09/24/2020	Full name of contributor out-of-s Schell, Lindsey Contributor address; City; State; Zip Co 2733 Dulce Ln 623 Austin, TX 78704	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Customer su	pation / Job title (See Instructions)		Employer (See Instructions Abilitie)		
	Date 07/17/2020	Full name of contributor out-of-s Schell, Lindsey Contributor address; City; State; Zip Co 2733 Dulce Ln Unit 623 Austin, TX 78704	state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occup	oation / Job title (See Instructions)		Employer (See Instructions Abilitie)		
	Date 08/06/2020	Full name of contributor out-of-s Seal, Melissa Contributor address; City; State; Zip Co 6901 Colombia Drive Austin, TX 78723	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Analyst	pation / Job title (See Instructions)		Employer (See Instructions GlobalLogic)		
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	MONEI	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	s form.	1	. Total pages Schedule A1: Sch: 22/31 Rpt: 25/58	
2	FILER NAME Witt, Morgan			3	Filer ID (Ethics Commissio 00090470	n Filers)
4	Date 09/10/2020	 Full name of contributor out-of-state PAC (I Shade, Randi Contributor address; City; State; Zip Code 1822 W. 10th St. 	D#:		Amount of Contribution (\$)	\$25.00
8	Principal occu Not Employe	Austin, TX 78703 Dation / Job title (See Instructions) d	9 Employer (Not Emplo	(See Instructions)		
	Date 09/08/2020	Full name of contributor out-of-state PAC (I Sharp, Susan Contributor address; City; State; Zip Code 1507 North St Unit H Austin, TX 78756	D#:		Amount of Contribution (\$)	\$50.00
	Principal occu Grants	pation / Job title (See Instructions)	Employer (TPWD	(See Instructions)		
	Date 09/17/2020	Full name of contributor out-of-state PAC (I Shelton, Benjamin Contributor address; City; State; Zip Code 8408 Stillwood Lane Austin, TX 78757	D#:)	Amount of Contribution (\$)	\$20.00
	Principal occu Engineer	pation / Job title (See Instructions)	Employer ((See Instructions)		
	Date 09/09/2020	Full name of contributor out-of-state PAC (I Simpson, Sarah Contributor address; City; State; Zip Code 711 Patterson ace Austin, TX 78703	D#:		Amount of Contribution (\$)	\$25.00
	Principal occu Architect	pation / Job title (See Instructions)	Employer (self emplo	(See Instructions) byed		
	Date 09/24/2020	Full name of contributor out-of-state PAC (I Smith, Emily Contributor address; City; State; Zip Code 1600 West Avenue Unit 3 Austin, TX 78701	D#:		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) pation Specialist	Employer (City of Au	See Instructions)		

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/31 Rpt: 26/58	
2	FILER NAME Witt, Morgan			3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 09/18/2020	 Full name of contributor out-of-state PAC (ID#:_Smith, Paul Contributor address; City; State; Zip Code 7801 Shoal Creek Boulevard Apt 228 		7	Amount of Contribution (\$)	\$10.00
8	Principal occur Fitness Profe	Austin, TX 78757 pation / Job title (See Instructions) essional	9 Employer (See Instructions Lake Austin Spa Resort			
	Date 08/06/2020	Full name of contributor out-of-state PAC (ID#:_ Smith, Paul Contributor address; City; State; Zip Code 7801 Shoal Creek Boulevard Apt 228 Austin, TX 78757)		Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions) essional	Employer (See Instructions Lake Austin Spa Resort			
	Date 07/17/2020	Full name of contributor out-of-state PAC (ID#:_ Sofranko, Sonya Contributor address; City; State; Zip Code 6719 Fairfield)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77023 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Not Employe	d	Not Employed			
	Date 09/24/2020	Full name of contributor out-of-state PAC (ID#:_ Somers, Susan Contributor address; City; State; Zip Code 11900 Hobby Horse Ct. Apt. 1228 Austin, TX 78758)		Amount of Contribution (\$)	\$25.00
	Principal occu Senior Acade	pation / Job title (See Instructions) emic Advisor	Employer (See Instructions The University of Texas		Austin	
	Date 08/07/2020	Full name of contributor out-of-state PAC (ID#:_Somers, Susan Contributor address; City; State; Zip Code 11900 Hobby Horse Ct. Apt. 1228 Austin, TX 78758)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Senior Acade	pation / Job title (See Instructions) emic Advisor	Employer (See Instructions The University of Texas		Austin	
			-			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 24/31 Rpt: 27/58	
2	FILER NAME Witt, Morgan	1				3	Filer ID (Ethics Commission 00090470	ı Filers)
4	Date 08/25/2020	Full name of contributor Stevenson, Josiah Contributor address; City; Sta 1200 N Garfield St Apt 720				7	Amount of Contribution (\$)	\$375.00
8	Principal occu	Arlington, VA 22201 pation / Job title (See Instructions)	[[9	Employer (See Instructions)		
	Senior Analy				Capital One Services LL			
	Date 07/16/2020	Full name of contributor Stevenson, Josiah Contributor address; City; Sta 1200 N Garfield St Apt 720 Arlington, VA 22201)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)			Employer (See Instructions)		
	Business and	alyst			Capital One Services LL	.C		
	Date 09/24/2020	Full name of contributor Stites, Charles Contributor address; City; Sta 904 Silver Quail Ln	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00
		Austin, TX 78758						
	Principal occup	pation / Job title (See Instructions) Specialist			Employer (See Instructions TX Dept. HHS)		
	Date 08/31/2020	Full name of contributor Stratton, James Contributor address; City; Sta 5004 Grover Avenue Austin, TX 78756	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$7.00
	Principal occup Not Employe	pation / Job title (See Instructions)			Employer (See Instructions Not Employed)		
	Date 07/31/2020	Full name of contributor Stratton, James Contributor address; City; Sta 5004 Grover Avenue Austin, TX 78756	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$7.00
	Principal occup	pation / Job title (See Instructions) ed			Employer (See Instructions Not Employed)		
			•					

	MONEI	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/31 Rpt: 28/58
2	FILER NAME Witt, Morgan			3 Filer ID (Ethics Commission Filers) 00090470
4	Date 09/15/2020	 Full name of contributor)	7 Amount of Contribution (\$) \$20.00
8	Principal occu Call Center	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions Travis County	ns)
	Date 08/17/2020	Full name of contributor out-of-state PAC (ID#:_ Summerlott, Lee Contributor address; City; State; Zip Code 15650 Indian Head Ct Ramona, CA 92065		Amount of Contribution (\$) \$100.06
	Principal occu Tennis pro	pation / Job title (See Instructions)	Employer (See Instructions Self-employed	ns)
	Date 09/11/2020	Full name of contributor out-of-state PAC (ID#:_ Swallow, Sarah Contributor address; City; State; Zip Code 1501 North Loop Blvd Apt 110		Amount of Contribution (\$)
	Principal occu Actuary	Austin, TX 78756 pation / Job title (See Instructions)	Employer (See Instructions Health and Human Serv	
	Date 09/20/2020	Full name of contributor out-of-state PAC (ID#:_ Taylor, May Contributor address; City; State; Zip Code 1909 McCloskey St Austin, TX 78723		Amount of Contribution (\$) \$25.00
	Principal occu psychologist	pation / Job title (See Instructions)	Employer (See Instructions Austin Child Guidance (
	Date 09/16/2020	Full name of contributor out-of-state PAC (ID#:_ Taylor, Russell Contributor address; City; State; Zip Code 1905 Rainy Meadows Dr Austin, TX 78758		Amount of Contribution (\$)
	Principal occu Geographer	pation / Job title (See Instructions)	Employer (See Instructions CoreLogic	ns)

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 26/31 Rpt: 29/58
2	FILER NAME Witt, Morgan			3 Filer ID (Ethics Commission Filers) 00090470
4	Date 08/16/2020	5 Full name of contributor out-of-state PAC (ID Taylor, Russell	#:)	7 Amount of Contribution (\$) \$10.00
		6 Contributor address; City; State; Zip Code 1905 Rainy Meadows Dr		
		Austin, TX 78758		
8	Principal occup Geographer	pation / Job title (See Instructions)	9 Employer (See Instructions CoreLogic	s)
	Date	Full name of contributor ut-of-state PAC (ID	#:)	Amount of Contribution (\$)
	07/16/2020	Taylor, Russell		\$10.00
		Contributor address; City; State; Zip Code		
		1905 Rainy Meadows Dr		
		Austin, TX 78758		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I ;)
	Geographer		CoreLogic	
	Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
	08/06/2020	Tristan, Sergio		\$100.00
	•	Contributor address; City; State; Zip Code		
		1817 Pasadena Drive		
		Austin, TX 78757		
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	(5)
	Attorney	pation, cos title (see instructions)	Texas Military Departme	
	Date	Full name of contributor Out-of-state PAC (ID		Amount of Contribution (\$)
	09/22/2020	Turner, Scott		\$100.00
		Contributor address; City; State; Zip Code		
		3201 Sunny Ln		
		A		
	Principal occur	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	Home builde	,	self	5)
	Date	Full name of contributor out-of-state PAC (ID		Amount of Contribution (\$)
	08/15/2020	Urban, Andrew	#)	\$27.00
		Contributor address; City; State; Zip Code		,
		3908 Greenmountain Lane		
		Austin, TX 78759		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	· · · · · · · · · · · · · · · · · · ·
	Sr Dir Mkt De		Zuri Group	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/31 Rpt: 30/58	
2	FILER NAME Witt, Morgan				3	Filer ID (Ethics Commission 00090470	r Filers)
4	Date 09/18/2020	 5 Full name of contributor Ved, Nirav 6 Contributor address; City; St. 2408 Century Park Blvd 	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$15.00
8	Principal occu Transportatio	Austin, TX 78727 pation / Job title (See Instructions on Planner)	Employer (See Instructions CAMPO	5)		
	Date 08/18/2020	Full name of contributor Ved, Nirav Contributor address; City; Standard Park Blvd Austin, TX 78727)		Amount of Contribution (\$)	\$15.00
	Principal occup	pation / Job title (See Instructions on Planner)	Employer (See Instructions CAMPO	s)		
	Date 09/18/2020	Full name of contributor Vela, Chito Contributor address; City; St. 1407 Ridgemont Drive	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions Walker Gates Vela PLL			
	Date 09/18/2020	Full name of contributor Villarreal, Javier Contributor address; City; St. 3702 Gable Dr Austin, TX 78759	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions are Developer		Employer (See Instructions Applied Research Labo		ories	
	Date 08/28/2020	Full name of contributor Vladyka, Claire Contributor address; City; St 11900 Stonehollow Dr # A Austin, TX 78758)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Application a	pation / Job title (See Instructions		Employer (See Instructions Capital Metro	S)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/31 Rpt: 31/58	
2	FILER NAME Witt, Morgan	p		3	Filer ID (Ethics Commission 00090470	Filers)
4	Date 09/06/2020	 Full name of contributor out-of-state PAC (ID#:_ Vu, Erin Contributor address; City; State; Zip Code 2609 Melba Pass 		7	Amount of Contribution (\$)	\$25.00
		Cedar Park, TX 78613				
8	Principal occu Corporate Tr	pation / Job title (See Instructions) rainer	9 Employer (See Instructions D&S Global Solutions	s)		
	Date 08/06/2020	Full name of contributor out-of-state PAC (ID#:_ Vu, Erin Contributor address; City; State; Zip Code 2609 Melba Pass Cedar Park, TX 78613			Amount of Contribution (\$)	\$25.00
	Principal occu Corporate Tr	pation / Job title (See Instructions)	Employer (See Instructions D&S Global Solutions	5)		
	Date 09/11/2020	Full name of contributor out-of-state PAC (ID#:_ Wagner, Katharine Contributor address; City; State; Zip Code 3200 Pinecrest Dr Austin, TX 78757			Amount of Contribution (\$)	\$25.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Bazaarvoice	5)		
	Date 09/24/2020	Contributor address; City; State; Zip Code 4016 Maplewood Ave			Amount of Contribution (\$)	\$25.00
	Principal occu Event Coord	pation / Job title (See Instructions)	Employer (See Instructions BikeTexas	<u> </u> 5)		
	Date 08/15/2020	Full name of contributor)		Amount of Contribution (\$)	\$10.00
	Principal occu Tech Lead	pation / Job title (See Instructions)	Employer (See Instructions Milestone Technologies			

	MONEI	ARY POLITICAL CONTRIBUT	IONS	SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 29/31 Rpt: 32/58	
2	FILER NAME Witt, Morgan			3 Filer ID (Ethics Commission 00090470	n Filers)
4	Date 09/24/2020	5 Full name of contributor out-of-state PAC (ID West, Phil)#:)	7 Amount of Contribution (\$)	\$27.00
		6 Contributor address; City; State; Zip Code 6503 Auburnhill			
		Austin, TX 78723			
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions) Orange Cone Agency		
	Date 07/16/2020	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)	\$20.00
	07/10/2020	Wharton, Stephanie Contributor address; City; State; Zip Code			Φ20.00
		1125 Salem Park Ct			
		Austin, TX 78745			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions) Qualia		
	Date	Full name of contributor ut-of-state PAC (ID)#:)	Amount of Contribution (\$)	
	08/08/2020	Whatley, Aaron		\$100.00	
		Contributor address; City; State; Zip Code			
		2504 Barhill Dr			
		Austin, TX 78704			
		pation / Job title (See Instructions)	Employer (See Instructions)	1	
	Software En	gineer	Favor		
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)	
	08/09/2020				\$200.00
		Contributor address; City; State; Zip Code 303 E 42nd St			
		303 E 4211d St			
		Austin, TX 78751			
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Infill Home B	uilder	Self		
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)	
	09/24/2020	Wiley, Maria			\$400.00
		Contributor address; City; State; Zip Code			
		1802 San Gabriel			
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed		

	MONEI	ARY POLITICAL CONTRIBUTIO	INS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/31 Rpt: 33/58	
2	FILER NAME Witt, Morgan			3	Filer ID (Ethics Commission 00090470	n Filers)
4	Date 08/22/2020	 Full name of contributor out-of-state PAC (ID#:_Wiley, Philip Contributor address; City; State; Zip Code 1802 San Gabriel St. 		7	Amount of Contribution (\$)	\$400.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions) 		
	Not Employe		Not Employed	,,		
	Date 08/03/2020	Full name of contributor out-of-state PAC (ID#:_ Wimberley, Liza Contributor address; City; State; Zip Code 4810 Shoal Creek Blvd Austin, TX 78756)		Amount of Contribution (\$)	\$400.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe Date	Full name of contributor out-of-state PAC (ID#:_	Not Employed	Г	Amount of Contribution (\$)	
	09/22/2020	Witt, Kertis and Merilyn Contributor address; City; State; Zip Code 2211 Stonehaven				\$250.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	· · · · · · · · · · · · · · · · · · ·	Not Employed	,		
	Date 08/30/2020	Full name of contributor out-of-state PAC (ID#:_ Witt, Kertis and Merilyn Contributor address; City; State; Zip Code 2211 Stonehaven San Marcos, TX 78666)		Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	Date 08/22/2020	Full name of contributor out-of-state PAC (ID#:_ Witt, Kertis and Merilyn Contributor address; City; State; Zip Code 2211 Stonehaven San Marcos, TX 78666)		Amount of Contribution (\$)	\$200.00
	Principal occu Not Employe	oation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		

	MONETARY POLITICAL CONTRI	BUTIONS		SCHEDUI	_E A1
	The Instruction Guide explains how to comple	ete this form.	1	Total pages Schedule A1: Sch: 31/31 Rpt: 34/58	
2	2 FILER NAME Witt, Morgan		3		on Filers)
4	5 Full name of contributor out-of-state 07/16/2020 Witt, Kertis and Merilyn 6 Contributor address; City; State; Zip Code 2211 Stonehaven San Marcos, TX 78666	e PAC (ID#:	7	Amount of Contribution (\$)	\$100.00
8	Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instru Not Employed	uctions)		
	Date Full name of contributor out-of-state 09/24/2020 Witt, Paula Contributor address; City; State; Zip Code 12800 Hunters Chase Dr Austin, TX 78729	e PAC (ID#:		Amount of Contribution (\$)	\$250.00
	Principal occupation / Job title (See Instructions) Enumerator	Employer (See Instru US Census Burea			
	Date Full name of contributor out-of-state 08/08/2020 Witt, Paula Contributor address; City; State; Zip Code 12800 Hunters Chase Dr Austin, TX 78729	e PAC (ID#:		Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions) Enumerator	Employer (See Instru Census Bureau	uctions)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 35/58
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Witt, Morgai	n		00090470
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 08/01/2020	 Full name of contributor out-of-state PAC (ID#:)	8 Amount of solution (\$) In-kind contribution description \$400.00 I Photography I Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
Axe Throwir	ng Coach	Urban Axes	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l	
Date 08/01/2020	Full name of contributor out-of-state PAC (ID#: Diana, Brent and Rebecca Contributor address; City; State; Zip Code 5313 Apple Orchard Ln)	Amount of In-kind contribution contribution (\$) description \$793.00 Web Development
	Austin, TX 78744		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Business Int	telligence Analyst/Unemployed	Indeed/Unemploye	ed
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 08/01/2020	Full name of contributor out-of-state PAC (ID#: O'Rourke, Matthew Contributor address; City; State; Zip Code 707 Dale Dr San Marcos, TX 78666		Amount of In-kind contribution contribution (\$) description \$400.00 Graphic Design
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	. —
Senior Art D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Civitas Learning	· , ·
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
I			

LC	DANS				SCHEDULE E
The	e Instructio	on Guide explains how to complete this	s form.	1	iges Schedule E: 1 Rpt: 36/58
	ER NAME t, Morgan				(Ethics Commission Filers)
4 то	TAL OF UN	IITEMIZED LOANS			\$
	e of loan 24/2020	7 Name of lender out-of-state Witt, Morgan	PAC (ID#:)	9 Loan Amount (\$) \$2,500.00
fina	ender a ncial itution?	8 Lender address; City; State 4025 Duval Rd Apt 2127	; Zip Code		10 Interest Rate
No	itutori:	Austin, TX 78759			11 Maturity Date
	ncipal occupation	I on / Job title (See Instructions) ion Advisor	13 Employer (See Instruction LexisNexis Risk Solution		
14 Des	scription of Coll		15 Check if personal funds w		d into political account (See Instructions)
16 GU/	ARANTOR ORMATION	17 Name of guarantor	□		19 Amount Guaranteed (\$)
_	not applicable	18 Guarantor address; City; State	; Zip Code		
20 Prin	ncipal occupation	on	21 Employer (See Instruction	s)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/22 Rpt: 37/58	Witt, Morgan 00090470
4	Date	5 Payee name
	07/15/2020	ACTBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.63	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/16/2020	ACTBlue
_	Amount (\$)	Payee address; City; State; Zip Code
	\$14.03	366 Summer Street
	Ψ14.03	300 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	07/17/2020	ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.03	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Flocessing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed a	above)
	Credit Card Payment			The Instruction G	uide explains l	now to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 2/22 Rpt: 38/58		Witt, Morgai	n						00090470		
4	Date	5	Payee name									
	07/19/2020		ACTBlue									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$0.38		366 Summe									
			Somerville,	MA 02144								
8	PURPOSE	(2)					(h)	Description				
ľ	OF	اس	Category (Se	ee Categories listed at	the top of this sche	edule)	(5)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		1 003					=		officeholder livir		
								Donation Pro	ces	ssing Fee		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	С	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	07/22/2020		ACTBlue									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1.50		366 Summe	er Street								
			Somerville,	MA 02144								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					=			mplete Schedule T.	
	2/11/2/10/12							ш		officeholder livir	ng expense	
								Donation Pro	ces	ssing Fee		
	Complete ONLY if direct	<u> </u>	Candidata/Offic	achalder name		Office cour	aht			Office	old	
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
_	Date	_										
	Date 07/24/2020		Payee name									
			ACTBlue									
	Amount (\$)		Payee addres	-	State;	Zip Co	de					
	\$6.15		366 Summe	er Street								
			Somerville,	MA 02144								
	PURPOSE OF	(a)		ee Categories listed at	the top of this sche	edule)	(b)	Description		J. 4T. C		
	EXPENDITURE		Fees					Check if travel of Check if Austin,			mplete Schedule T.	
								Donation Pro			ig experise	
										J. 00		
\vdash	Complete ONLY if direct	L(Candidate/Offic	ceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI						J					
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/22 Rpt: 39/58	Witt, Morgan 00090470
4	Date	5 Payee name
	07/25/2020	ACTBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.75	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Domailor 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/26/2020	ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.75	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/27/2020	ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.38	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/22 Rpt: 40/58	Witt, Morgan	00090470
4	Date	5 Payee name	
	07/28/2020	ACTBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.75	366 Summer Street	
L		Somerville, MA 02144	
8	PURPOSE OF	, ,	Description
l	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	
	Date	Payee name	
L	07/30/2020	ACTBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.38	366 Summer Street	
l			
		Somerville, MA 02144	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Donation Processing Fee
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experience to borionic Grou	· 	
	Date	Payee name	
L	07/31/2020	ACTBlue	
	Amount (\$) \$5.85	Payee address; City; State; Zip Code 366 Summer Street	
	φο.οο	300 Sulliller Street	
		Somerville, MA 02144	
┡	PURPOSE		N. De contention
l	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	1 003	Check if Austin, TX, officeholder living expense
			Donation Processing Fee
dash	Complete ONII V if allows	Condidate/Officebolder regree	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/22 Rpt: 41/58	Witt, Morgan 00090470
4	Date	5 Payee name
	08/03/2020	ACTBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.00	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	08/06/2020	ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.77	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
⊨	<u> </u>	
	Date	Payee name
	08/07/2020	ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.19	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/22 Rpt: 42/58	Witt, Morgan		00090470
4	Date	5 Payee name		·
	08/08/2020	ACTBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$3.15	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Donation Processing Fee
				Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			Since nois
	Date	Payee name		
	08/09/2020	ACTBlue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$9.00	366 Summer Street	C	
	Ψ3.00	300 Summer Street		
		Somonvillo MA 02144		
	DUDD 005	Somerville, MA 02144		
	PURPOSE OF	, ,	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/10/2020	ACTBlue		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$0.38	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
_				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 7/22 Rpt: 43/58	Witt, Morgan 00090470	
4	Date	5 Payee name	
	08/11/2020	ACTBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.76	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OH	1	
	Date	Payee name	_
	08/12/2020	ACTBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.50	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\neg
	expenditure to benefit C/O		
	Date	Payee name	=
	08/14/2020	ACTBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.38	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation (100000) 100	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			-

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commi

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/22 Rpt: 44/58	Witt, Morgan 00090470
4	Date	5 Payee name
	08/15/2020	ACTBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.56	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation 1 100000 ing 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/16/2020	ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.15	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/17/2020	ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.12	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	U

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/22 Rpt: 45/58	Witt, Morgan 00090470
4	Date	5 Payee name
	08/18/2020	ACTBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.61	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/19/2020	ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.25	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payeo namo
	08/20/2020	Payee name ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.75	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation (100c33ing 1 cc
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

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

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 10/22 Rpt: 46/58	2 FILER NAME Witt, Morgan		3 Filer ID (Ethics Commission Filers) 00090470
4	Date 08/22/2020	5 Payee name ACTBlue		
6	Amount (\$) \$9.00	7 Payee address; City; State; Zip Co 366 Summer Street Somerville, MA 02144	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date 08/25/2020	Payee name ACTBlue		
	Amount (\$) \$5.71	Payee address; City; State; Zip Co 366 Summer Street Somerville, MA 02144	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ght	Office held
	Date 08/28/2020	Payee name ACTBlue		
	Amount (\$) \$0.15	Payee address; City; State; Zip Co 366 Summer Street	de	
		Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ght	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Cardif Cand Brunsest

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

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

OB/30/2020 ACTBlue ACTBlue 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought Office held Date OB/31/2020 ACTBlue Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought Office held Date OB/31/2020 ACTBlue Payee name ACTBlue (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if Austin, TX, officeholder Inving expense Donation Processing Fee (b) Description Check if Austin, TX, officeholder Inving expense Donation Processing Fee Complete ONLY if direct expenditure to benefit C/OH Date Opfice Sought Office hold Office sought Office held Office held Office held Office held Date Op/03/2020 Date Op/03/2020 Payee name ACTBlue	Sch: 11/22 Rpt: 47/58 Witt, Morgan Date 5 Payee name 08/30/2020 ACTBlue Amount (\$) 7 Payee address;	City; State; Zip C		3		(Ethics Commission Filers)
4 Date 08/30/2020 5 Payee name ACTBlue 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 8 PURPOSE OF EXPENDITURE 08/31/2020 ACTBlue 08/31/2020 ACTBlue 08/31/2020 Payee address; City; State; Zip Code Somerville, MA 02144 09/03/2020 Payee address; City; State; Zip Code Somerville, MA 02144 09/03/2020 Date on the control of this schedule) Office sought of the control of this schedule of the control of the control of this schedule of the control of the control of this schedule of the control of	Date	City; State; Zip C			00090470	
ACTBlue Amount (\$) 7 Payee address; City; State; Zip Code \$4.65 366 Summer Street Somerville, MA 02144 8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Amount (\$) Payee name ACTBlue Purpose OF EXPENDITURE Payee name ACTBlue Amount (\$) Payee address; City; State; Zip Code \$0.11 366 Summer Street Somerville, MA 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Amount (\$) Payee name ACTBlue Payee name ACTBlue (b) Description Check if Austin, TX, Officeholder Ivang expense Donation Processing Fee (b) Description Check if Austin, TX, Officeholder Ivang expense Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder in the top of this schedule) Purpose OF EXPENDITURE Candidate/Officeholder name Office sought Office held Office held Date Opylo3/2020 Candidate/Officeholder name Office sought Office held Office held Office held Date Opylo3/2020 Payee name ACTBlue	08/30/2020 ACTBlue Amount (\$) 7 Payee address;	City; State; Zip C		·		
7 Payee address; City; State; Zip Code \$4.65	Amount (\$) 7 Payee address;	City; State; Zip C				
Sumerville, MA 02144 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Taxel outside T. Check if Taxel outside T. Check if Taxel outside T. Ch		City; State; Zip C				
Somerville, MA 02144 8			ode			
See Categories listed at the top of this schedule Condition	\$4.65 366 Summer Stre	et				
See Categories listed at the top of this schedule Candidate						
Fees Check if Travel outside of Texas. Complete Schedule T. Check if Austin, Tx, officeholder living expense Donation Processing Fee	Somerville, MA 02	2144				
Check if ravel outside of Texas. Complete Schedule T. Check if Austin, Tx., officeholder living expense Donation Processing Fee	PURPOSE (a) Category (See Category	ories listed at the top of this schedule)	(b)	Description		
9 Complete ONLY if direct expenditure to benefit C/OH Date 08/31/2020	OF Fees	ones listed at the top of this soriedate,			de of Texas. Com	plete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH Date 08/31/2020	EXPENDITORE			—		expense
Date 08/31/2020 ACTBlue Amount (\$) Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name O9/03/2020 Payee name ACTBlue Office sought Office sought Office held Office held				Donation Proces	ssing Fee	
Date 08/31/2020 ACTBlue Amount (\$) Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 PURPOSE OF EXPENDITURE Candidate/Officeholder name O9/03/2020 Payee name ACTBlue Office sought Office sought Office held Office held Office held Payee name ACTBlue		011	<u> </u>		055	
ACTBlue Amount (\$) Payee address; City; State; Zip Code \$0.11 Somerville, MA 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if Laustin, TX, officeholder living expense Donation Processing Fee Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Payee name 09/03/2020 ACTBlue		er name Office so	ught		Office he	eld
ACTBlue Amount (\$) Payee address; City; State; Zip Code \$0.11 Somerville, MA 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if Tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee Complete ONLY if direct expenditure to benefit C/OH Date O9/03/2020 Payee name ACTBlue	<u> </u>					
Amount (\$) Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee Complete ONLY if direct expenditure to benefit C/OH Date 09/03/2020 Payee name ACTBlue	i ayoo namo					
\$0.11 366 Summer Street Somerville, MA 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee Complete ONLY if direct expenditure to benefit C/OH Date 09/03/2020 Payee name ACTBlue						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee Candidate/Officeholder name Office sought Office held Payee name 09/03/2020 ACTBlue			ode			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee Candidate/Officeholder name Office sought Date 09/03/2020 Payee name ACTBlue	\$0.11 366 Summer Stre	et				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee Candidate/Officeholder name Office sought Date 09/03/2020 Payee name ACTBlue						
Fees Complete ONLY if direct expenditure to benefit C/OH Date 09/03/2020 Payee name ACTBlue Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee Office sought Office held ACTBlue	Somerville, MA 02	2144				
EXPENDITURE Fees Check if Austin, TX, officeholder living expense Donation Processing Fee Complete ONLY if direct expenditure to benefit C/OH Date 09/03/2020 Payee name ACTBlue	PURPOSE (a) Category (See Category	ories listed at the top of this schedule)	(b)			
Complete ONLY if direct expenditure to benefit C/OH Date Payee name ACTBlue Donation Processing Fee Donation Processing Fee	1 1			_		
Complete ONLY if direct expenditure to benefit C/OH Date Payee name ACTBlue Candidate/Officeholder name Office sought Office held Office				—		expense
Date Payee name 09/03/2020 ACTBlue				Donalion 1 10000	70.11g 1 00	
Date Payee name 09/03/2020 ACTBlue	Complete ONLY if direct Candidate/Officehold	er name Office so	<u>I</u> uaht		Office he	eld
09/03/2020 ACTBlue			3			
09/03/2020 ACTBlue	Date Payee name					
	,,					
Amount (\$) I Pavee address: City: State: Zin Code	Amount (\$) Payee address;	City; State; Zip C	ode			
\$1.50 366 Summer Street			ouc			
72.55	φ <u>-</u> 100 000 00					
Somerville, MA 02144	Somerville MA 0:	2144				
	DUDDOOF () -		/L\	5		
PURPOSE OF Fees (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	OE (Oce outego	ories listed at the top of this schedule)	(0)		de of Texas. Com	plete Schedule T.
EXPENDITURE Check if Austin, TX, officeholder living expense	EXPENDITURE			ш		
				Donation Proces	ssing Fee	
Donation Processing Fee						
Donation Processing Fee	•	er name Office so	ught		Office he	eld
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	experiorure to berietit C/OH					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/22 Rpt: 48/58	Witt, Morgan	00090470
4	Date	5 Payee name	•
	09/06/2020	ACTBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.88	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
	<u> </u>		
	Date	Payee name	
	09/07/2020	ACTBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.50	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Donation Processing Fee
			Ğ
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/08/2020	ACTBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.63	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(-) -	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	. 333	Check if Austin, TX, officeholder living expense
			Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	•	_	3 Filer ID (Ethics Commission Filers)
	Sch: 13/22 Rpt: 49/58	Witt, Morgan		00090470
4	Date	5 Payee name		· ·
	09/09/2020	ACTBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$0.76	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	09/10/2020	ACTBlue		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$0.38	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	nh+	Office held
	expenditure to benefit C/OI		JIII	Office field
	Date	Payee name		
	09/11/2020	ACTBlue		
	Amount (\$)	Payee address; City; State; Zip Cor	de	
	\$16.43	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Donation Processing Fee
				Donation 1 rocessing 1 cc
	Complete ONLY if direct	Candidate/Officeholder name Office sou	thr	Office held
	expenditure to benefit C/OI	•	9.11	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/22 Rpt: 50/58	Witt, Morgan 00090470
4	Date	5 Payee name
	09/12/2020	ACTBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.50	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation 1 1000000ing 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	09/14/2020	ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.13	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing rec
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	09/15/2020	ACTBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.05	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Operation ONE VIII	Open Higher (Office health are nown)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/22 Rpt: 51/58	Witt, Morgan		00090470
4	Date	5 Payee name		
	09/16/2020	ACTBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$0.15	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE	(a) a .	(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	. 555		Check if Austin, TX, officeholder living expense
				Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	experiorare to berieff C/O	1		
	Date	Payee name		
	09/17/2020	ACTBlue		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$4.58	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	 `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
			<u> </u>	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date	Payee name		
	09/18/2020	ACTBlue		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$13.88	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Computate ONU V Station	Condidate (Office helden as :		Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/22 Rpt: 52/58	Witt, Morgan 00090470
4	Date	5 Payee name
	09/19/2020	ACTBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.63	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	09/20/2020	ACTBlue
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$0.76	366 Summer Street
	φ0.70	300 Summer Street
L		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davida marea
	Date 09/21/2020	Payee name ACTBlue
		7.0.12.00
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.25	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		Donation Processing Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

g Expense Travel in Dis ng Expense Travel Out of ies/Wages/Contract Labor OTHER (ent

Candidate/Officenoider/Politic	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 17/22 Rpt: 53/58	Witt, Morgan	00090470
4 Date	5 Payee name	
09/22/2020	ACTBlue	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$7.13		
	Somerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LXI ENDITORE		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
Complete ONLY if direct.	Candidate/Officeholder name Office so	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ught Office held
Date	Payas nama	
09/23/2020	Payee name ACTBlue	
Amount (\$)		odo.
\$2.26	Payee address; City; State; Zip C 366 Summer Street	oue
Ψ2.20	300 Summer Street	
	Somoniilo MA 02144	
	Somerville, MA 02144	las
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/C	лп 	
Date	Payee name	
09/24/2020	ACTBlue	
Amount (\$)	Payee address; City; State; Zip C	ode
\$31.79	366 Summer Street	
	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		25
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/C		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/22 Rpt: 54/58	Witt, Morgan		00090470
4	Date	5 Payee name		•
	08/05/2020	ACTBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$35.38	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
9	expenditure to benefit C/OI		III	Office field
_	Data			
	Date	Payee name		
	09/03/2020	ACTBlue		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$70.19	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE OF	2 ((b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/08/2020	Austin Young Democrats		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$250.00	1311B E 6th Street		
		Austin, TX 78701		
	PURPOSE		(b)	Description
	OF	Contributions/Donations Made By	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				Event Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/22 Rpt: 55/58	Witt, Morgan 00090470
4	Date	5 Payee name
	08/03/2020	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital Ads
		Digital / tus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
	09/18/2020	Payee name Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital Ads
		Digital Aus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 09/21/2020	Payee name Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital Ads
		Digital Aus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 20/22 Rpt: 56/58	Witt, Morgan 00090470	
4	Date	5 Payee name	_
	09/19/2020	Facebook	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$35.00	1 Hacker Way	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Digital Ads	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Grot	<u>'</u>	
	Date	Payee name	
	08/14/2020	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.07	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense	
	EX. ENDITORE	Check if Austin, TX, officeholder living expense	
		Digital Ads	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	o	
-	Date		=
	Date 08/03/2020	Payee name Facebook	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Digital Ads	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H			_
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/22 Rpt: 57/58	Witt, Morgan	00090470
4	Date	5 Payee name	
	09/22/2020	Facebook	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.00	1 Hacker Way	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Digital Ads	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
H	D-1-		
	Date	Payee name	
	08/04/2020	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ Advertising Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Digital Ads	, management of the second of
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/29/2020	Texas Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	PO Box 15707	
		Austin, TX 78761	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Voter File	
	Operated Children	Open districts (Office health are as a first of the second	Office L. L.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/22 Rpt: 58/58	Witt, Morgan		00090470
4	Date	5 Payee name		·
l	08/01/2020	Texas Democratic Party		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$250.00	PO Box 15707		
		Austin, TX 78761		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
l	LXI ENDITORE			Check if Austin, TX, officeholder living expense
l				Voter File
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office acu	abt	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	gnı	Office field
⊨				
l	Date	Payee name		
L	09/09/2020	Vantiv eCommerce		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$129.60	8500 Governor's Hill Drive		
l		Symmes Township		
L		Cincinnati, OH 45249		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Donation Processing Fee
l				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
l	expenditure to benefit C/O	1		
Г				
l				
ı				