

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs  
FIRST: Victoria  
NICKNAME: Vickie  
LAST: Morgan  
SUFFIX: A

**OFFICE USE ONLY**

Date Received

PASADENA ISD

JAN 10 2023

ACCOUNTABILITY & COMPLIANCE

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 3603 Camden Lane  
APT / SUITE #: PASADENA  
CITY: PASADENA  
STATE: TX  
ZIP CODE: 77504

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (713)  
PHONE NUMBER: 854-5359  
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr  
FIRST: Willie  
NICKNAME: Bill  
LAST: Morgan  
SUFFIX: Jr.

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): 3603 Camden Lane  
APT / SUITE #: PASADENA  
CITY: PASADENA  
STATE: TX  
ZIP CODE: 77504

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713)  
PHONE NUMBER: 822-8391  
EXTENSION:

9 REPORT TYPE

January 15  
 30th day before election  
 Runoff  
 15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  
 8th day before election  
 Exceeded Modified Reporting Limit  
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 07 / 14 / 2022 THROUGH Month Day Year: 1 / 10 / 2023

11 ELECTION

ELECTION DATE: Month Day Year: 05 / 06 / 2023  
ELECTION TYPE:  
 Primary  
 Runoff  
 Other Description  
 General  
 Special

12 OFFICE

OFFICE HELD (if any): Board of Trustees, Pos. 7

13 OFFICE SOUGHT (if known): Board of Trustees, Pos. 7

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE:  GENERAL  SPECIFIC  
COMMITTEE NAME:  
COMMITTEE ADDRESS:  
COMMITTEE CAMPAIGN TREASURER NAME:  
COMMITTEE CAMPAIGN TREASURER ADDRESS:

Additional Pages

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 357.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

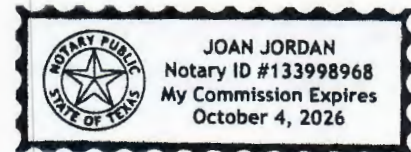
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Vickie Morgan*

Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Vickie Morgan this the 10 day of January, 2023, to certify which, witness my hand and seal of office.

[Signature] Joan Jordan Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)