

# 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: <div style="font-size: 2em; text-align: center;">5</div>																	
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td>Mrs. Denise</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Morrison</td> <td></td> <td></td> </tr> </table>			MS / MRS / MR	FIRST	MI			Mrs. Denise			NICKNAME	LAST	SUFFIX			Morrison			<b>OFFICE USE ONLY</b>	
	MS / MRS / MR	FIRST	MI																		
	Mrs. Denise																				
NICKNAME	LAST	SUFFIX																			
	Morrison																				
Date Received																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:10%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:15%; font-size: 0.8em;">CITY;</td> <td style="width:15%; font-size: 0.8em;">STATE;</td> <td style="width:30%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5">22819 Trailwood Ln Tomball Tx 77375</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	22819 Trailwood Ln Tomball Tx 77375					Date Hand-delivered or Date Postmarked							
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">AREA CODE</td> <td style="width:35%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:50%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td>(281)</td> <td>744-5638</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(281)	744-5638		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: 0.8em;">Receipt #</td> <td style="width:50%; font-size: 0.8em;">Amount \$</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		Receipt #	Amount \$								
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> <td style="width:10%;"></td> <td style="width:10%; font-size: 0.8em;">THROUGH</td> <td style="width:15%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> </tr> <tr> <td>8</td> <td>16</td> <td>2021</td> <td></td> <td></td> <td>10</td> <td>26</td> <td>2021</td> </tr> </table>					Month	Day	Year		THROUGH	Month	Day	Year	8	16	2021			10	26	2021
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12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Klein ISD Position 4																		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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	COMMITTEE NAME																			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS																			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																			
		COMMITTEE CAMPAIGN TREASURER ADDRESS																			

GO TO PAGE 2

# 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)

\$ .00

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

\$ .00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 1936.81

4. TOTAL POLITICAL EXPENDITURES

\$ 1936.81

CONTRIBUTION  
BALANCE

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

\$ .00

OUTSTANDING  
LOAN TOTALS

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

\$ .00

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.

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is Denise Morrison, and my date of birth is Sept 23, 1960.

My address is 22819 Trailwood Lane, Tomball, Tx, 77375, USA.  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 8th day of October, 2021.  
(month) (year)

Denise Morrison  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Denise Morrison

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ .00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ .00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ .00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ .00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ .00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ .00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ .00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ .00
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1936.81
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ .00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ .00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ .00

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1 of 2</b>		2 FILER NAME <b>Denise Morrison</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>8-25-2021</b>		5 Payee name <b>Target</b>			
6 Amount (\$) <b>103.90</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>4635 N. Grand Pkwy W Spring Tx 77389</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description <b>Ink for printer</b>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Denise Morrison</b>		Office sought <b>Klein ISD Board of Trustee</b>	
				Office held <b>Pos 4</b>	
Date <b>9-28-2021</b>		Payee name <b>Tonya Lou Marketing</b>			
Amount (\$) <b>695.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>21175 State Hwy 249 Houston TX 77070 No. 305</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Campaign signs (100)</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Denise Morrison</b>		Office sought <b>Klein ISD Board of Trustee</b>	
				Office held <b>Pos 4</b>	
Date <b>10-1-2021</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>129.01</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>14424 Fm 2920 Rd Tomball Tx 77377</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Print/Copies Campaign Fliers</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Denise Morrison</b>		Office sought <b>Klein ISD Board of Trustee</b>	
				Office held <b>Pos 4</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
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Polling Expense  
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Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <u>2 of 2</u>	<b>2</b> FILER NAME <u>Denise Morrison</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>9-30-2021</u>	<b>5</b> Payee name <u>Target</u>	
<b>6</b> Amount (\$) <u>103.90</u> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <u>4635 N. Grand Pkwy W Spring Tx 77389</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	<b>(b)</b> Description <u>Ink for Printer</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <u>Denise Morrison Klein ISD Board of Trustee</u> <u>Pos 4</u>	
Date <u>10-6-2021</u>	Payee name <u>Community Impact Newspaper</u>	
Amount (\$) <u>905.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>3600 E. Palm Valley Blvd. Round Rock Tx 78665</u> <u>Box # 3</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>Ad on Website and in Paper</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <u>Denise Morrison Klein ISD Board of Trustee</u> <u>Pos 4</u>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
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