

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR ☒ FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Filer ID #	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received	
	6120 N. Sherry Rd. Mission, TX 78573	EMAILED ON 4-20-26 S Anzaldúa	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Postmarked	
	(956) 451-8085	Receipt # Amount \$	
5 OFFICE HELD (if any)		Date Processed	
6 OFFICE SOUGHT (if known)		Date Imaged	
7 CAMPAIGN TREASURER NAME	MS / MRS / MR ☒ FIRST MI NICKNAME LAST SUFFIX		
	Lisa J. Morales		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE		
	5108 N. 38th St. McAllen, TX 78504		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(986) 960-3619		
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p> Signature of Candidate</p> <p> Date Signed</p>		

GO TO PAGE 2

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	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS / MRS / MR</td> <td style="width: 33%;">FIRST</td> <td style="width: 33%;">MI</td> </tr> <tr> <td colspan="3">Mr. Rene</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td colspan="3">Morales</td> </tr> </table>			MS / MRS / MR	FIRST	MI	Mr. Rene			NICKNAME	LAST	SUFFIX	Morales			<div style="text-align: center; border: 1px solid black; padding: 2px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px;"> <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> </table> </div> <div style="border: 1px solid black; padding: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>		Receipt #	Amount \$
	MS / MRS / MR	FIRST	MI																
Mr. Rene																			
NICKNAME	LAST	SUFFIX																	
Morales																			
Receipt #	Amount \$																		
<table style="width: 100%;"> <tr> <td style="width: 33%;">ADDRESS / PO BOX;</td> <td style="width: 16%;">APT / SUITE #;</td> <td style="width: 16%;">CITY;</td> <td style="width: 16%;">STATE;</td> <td style="width: 19%;">ZIP CODE</td> </tr> <tr> <td colspan="5">6120 N Shary Rd Mission, Tx 78571</td> </tr> </table> ☐ Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	6120 N Shary Rd Mission, Tx 78571											
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE															
6120 N Shary Rd Mission, Tx 78571																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS																			
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width: 100%;"> <tr> <td style="width: 25%;">AREA CODE</td> <td style="width: 40%;">PHONE NUMBER</td> <td style="width: 35%;">EXTENSION</td> </tr> <tr> <td>(956)</td> <td>451 - 8085</td> <td>J.</td> </tr> </table>					AREA CODE	PHONE NUMBER	EXTENSION	(956)	451 - 8085	J.								
AREA CODE	PHONE NUMBER	EXTENSION																	
(956)	451 - 8085	J.																	
6 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS / MRS / MR</td> <td style="width: 33%;">FIRST</td> <td style="width: 33%;">MI</td> </tr> <tr> <td colspan="3">Ms. Lisa</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td colspan="3">Morales</td> </tr> </table>					MS / MRS / MR	FIRST	MI	Ms. Lisa			NICKNAME	LAST	SUFFIX	Morales				
MS / MRS / MR	FIRST	MI																	
Ms. Lisa																			
NICKNAME	LAST	SUFFIX																	
Morales																			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width: 100%;"> <tr> <td style="width: 33%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 16%;">APT / SUITE #;</td> <td style="width: 16%;">CITY;</td> <td style="width: 16%;">STATE;</td> <td style="width: 19%;">ZIP CODE</td> </tr> <tr> <td colspan="5">5108 N 38 th Street McAllen, Tx 78504</td> </tr> </table>					STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5108 N 38 th Street McAllen, Tx 78504								
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE															
5108 N 38 th Street McAllen, Tx 78504																			
8 CAMPAIGN TREASURER PHONE	<table style="width: 100%;"> <tr> <td style="width: 25%;">AREA CODE</td> <td style="width: 40%;">PHONE NUMBER</td> <td style="width: 35%;">EXTENSION</td> </tr> <tr> <td>(956)</td> <td>960 - 3619</td> <td></td> </tr> </table>					AREA CODE	PHONE NUMBER	EXTENSION	(956)	960 - 3619									
AREA CODE	PHONE NUMBER	EXTENSION																	
(956)	960 - 3619																		
9 REPORT TYPE	<table style="width: 100%;"> <tr> <td>☐ January 15</td> <td>☒ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☐ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>					☐ 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)						
☐ 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	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 10%;">THROUGH</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 15%;">Year</td> </tr> <tr> <td>02</td> <td>23</td> <td>2026</td> <td></td> <td>04</td> <td>02</td> <td>2026</td> </tr> </table>					Month	Day	Year	THROUGH	Month	Day	Year	02	23	2026		04	02	2026
Month	Day	Year	THROUGH	Month	Day	Year													
02	23	2026		04	02	2026													
11 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td style="width: 70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special </td> </tr> <tr> <td>05 / 02 / 2026</td> <td></td> </tr> </table>					ELECTION DATE	ELECTION TYPE	Month Day Year	☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special	05 / 02 / 2026									
ELECTION DATE	ELECTION TYPE																		
Month Day Year	☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special																		
05 / 02 / 2026																			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Sharyland ISD School Board Place 1																
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>☐ GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS						
COMMITTEE TYPE	COMMITTEE NAME																		
☐ GENERAL	COMMITTEE ADDRESS																		
☐ 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)

\$ 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

\$ 1751.26

CONTRIBUTION
BALANCE

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

\$ 0

OUTSTANDING
LOAN TOTALS

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

\$ 0

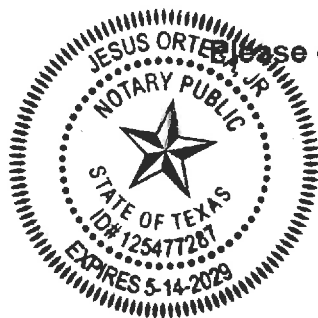
18 SIGNATURE

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 Jesus Ortega this the 17 day of April,

2026, 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 _____, 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)

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: <div style="text-align: center; font-size: 2em;">1</div>	2 FILER NAME <div style="font-size: 1.2em;">Rene J. Morales</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">04/02/2026</div>	5 Payee name <div style="font-size: 1.2em;">Exclusive Design</div>	
6 Amount (\$) <div style="font-size: 1.2em;">1751.26</div> ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">3705 N La Homa Road Palmview Tx 78572</div> ☐ Check if individual's residence address.	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising</div>	(b) Description <div style="font-size: 1.2em;">Political Signs</div>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
Date	Payee name	
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
Date	Payee name	
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED