## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

				e d
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission i	Filars) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	<sub>FIRST</sub> Morgan	MI W	OFFICE USE ONLY
	NICKNAME	LAST <b>Hightower</b>	SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO 317 Morton		CITY: STATE: ZIP COD Dumas TX 790	***************************************
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand delivered or Date Postmaned
OFFICEHOLDER PHONE	(806)	922-8304		TSS E EVI
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	Arturo	мі S	Receipt O Amount s
	NICKNAME	Ortega	suffix JR	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 605 Floyd	(NO PO BOX PLEASE); APT / S	UITE #; CITY:  Dumas	STATE; ZIP CODE TX 79029
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	"
PHONE	(806) 570-9659			
9 REPORT TYPE	January 15 July 15	30th day before e	1	15th day after campaign treasurer appointment (Officeholder Only)  ed Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	I. Reporting Limit	onth Day Year
11 ELECTION	2 ELECTION D	/2/24	THROUGH 2	1.26/24
TELECTION	Month Day	Year Primary  24 General	ELECTION *  Runoff Other Descript  Special	-
12 OFFICE	OFFICE HELD (If any		13 OFFICE SOUGHT (#1	known)
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(S)	COMMITTEE TYPE	COMMITTEE NAME		PAL
Additional Pages	GENERAL	COMMITTEE ADDRESS		
,	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		CO TO 1	MACE O "	
		GO TO F	'AGE 2	

#### FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 300.00 PLEDGES LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. 300.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 668.08 \$ **TOTALS** 668.08 TOTAL POLITICAL EXPENDITURES \$ 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 856.80 BALANCE OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING 0.00\$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and conject and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code, Signature of Candidate or Officeholder Please complete either option below: **ALEXIS LEANN BROOKS Notary Public** State of Texas (1) Affidavit Notary ID #13339249-8 My Comm. Exp. 10/14/2025 NOTARY STAMP/SEAL Sworn to and subscribed before me by Alexi's Bracks this the 26th day of Feb. , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is \_\_\_\_\_ My name is \_\_\_ My address is \_\_\_\_\_ (city) (state) (zip code) (country) (street)

Signature of Candidate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co.	mmission	Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			BTOTAL MOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$	668.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10,	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME MORGAN	W. HIGHTOWER		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  JOE GEORGE		7 Amount of contribution (\$)	
02/26/2024	6 Contributor address; City;	State; Zip Code	100.00	
8 Principal occup	 pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state P.  JOE ANN MCFARLIN	PAC (ID#:)	Amount of contribution (\$)	
02/13/2024	Contributor address; City; 916 MILLS DUMAS, T	State; Zip Code	200.00	
Principal occup	Coation / Job title (See Instructions)	Employer (See Instruction MOORE COUNTY Ho	-	
Date	Full name of contributor out-of-state Pa	PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	l pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state P/	PAC (ID#:)	Amount of contribution (\$)	
***************************************	Contributor address; City;	State; Zip Code		
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruction	ions)	
	2007/00/01/00/00	MARKAN		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

## SCHEDULE F1

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

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Food/Beverage Expense  Gift/Awards/Memorials Expense	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)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME MORGAN W. HIGHTOWER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/03/2024	BARTLETTS LUMBER		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
12.41	PO BOX 377	DUMAS, TX 79	029
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING SUPPLIES	T POST	
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
02/07/2024	BARTLETTS LUMBER		
Amount (\$)	Payee address;	City;	State; Zip Code
43.42	PO BOX 377	DUMAS, TX 790	29
, ,,,	Category (See Calegories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	ADVERTISING SUPPLIES	T POST	
Check if travel outside of Texas. Complete Schedule T. C		edule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Рауее пате		
02/23/2024	BARTLETTS LUMBER		
Amount (\$)	Payee address;	City;	State, Zip Code
29.23	PO BOX 377	DUMAS, TX 79029	
	Category (See Categories listed at the top of this scho	edule) Description	
PURPOSE OF EXPENDITURE	ADVERTISING SUPPLIES	PLYWOOD	
	Check if travel outside of Texas. Complete Sche	eduleT, Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEF	DED

## SCHEDULE F1

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P y Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense offing Expense inthing Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME MORGAN W. HIGHTOWER	-	3 Filer 1D (Ethics Commission Filers)	
4 Date	5 Payee name			
02/03/2024	BARTLETTS LUMBER			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
25.02	PO BOX 377	DUMAS, TX 79	029	
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING SUPPLIES T POST, WIRE			
	(c) Check if travel outside of Texas. Complete Sched	Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/03/2024	BARTLETTS LUMBER			
Amount (\$)	Payee address;	City;	State; Zip Code	
22.95	PO BOX 377	DUMAS, TX 7902	9	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Category (See Categories listed at the top of this sche	dute) Description		
PURPOSE OF EXPENDITURE	ADVERTISING SUPPLIES	REBAR POST	Γ	
	Check if travel outside of Texas. Complete Schedule T. Check if Aust		In, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/02/2024	ACE HARDWARE			
Amount (\$)	Payee address;	City;	State; Zip Code	
15.92	1119 E 1ST DUMAS, TX 79029			
	Category (See Categories listed at the top of this sched	dule) Description		
PURPOSE OF EXPENDITURE	ADVERTISING SUPPLIES	SIGN HARDW	ARE	
	Check if travel outside of Texas. Complete Sched	fuleT. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED.	

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#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) 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) MORGAN W. HIGHTOWER 4 Date 5 Payee name 02/02/2024 **AMAZON** 6 Amount (\$) 7 Payee address; City; State: Zip Code 117.98 PO BOX 81226 SEATTLE, WA 98108 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ADVERTISING SUPPLIES 100 YARD STICKS OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name VISTA PRINT 02/02/2024 Amount (\$) Pavee address: City: Zip Code State: 687.11 275 WYMAN ST WALTHAM, MA 02451 Category (See Categories listed at the top of this schedule) Description PURPOSE ADVERTISING SUPPLIES 100 SIGNS, BANNERS, DOOR MAGNETS EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 02/19/2024 WALMART Amount (\$) Payee address: City; State; Zip Code 2003 S DUMAS AVE **DUMAS, TX 79029** 323.80 Category (See Categories listed at the top of this schedule) Description PURPOSE ADVERTISING SUPPLIES FOOD FOR MEET & GREET OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		/Wages/Contract Labor	Other (enter a category not listed above)	
6,53,754,75,75	The instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME MORGAN W. HIGHTOWER		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
02/20/2024	DUMAS LIONS CLUB			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
150.00	524 S PORTER	DUMAS, TX 7902	29	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	RENTAL	BUILDING RE	ENTAL	
OF EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	1			
Doto	Payee name			
Date	r ayou name			
Amount (\$)	Payee address;	City;	State; Zip Code	
7 II/10 III/1 (4)	, ayou addross,	,	J. 2000	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name f	Office sought	Office held	
Date	Payee name			
Date	, agocinano			
·				
Amount (\$)	Payee address;	City;	State, Zip Code	
(47)		Oity;	oldio, Elp oodo	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		***		
EXPENDITURE		***************************************		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	1			
	ATTAQUADDITIONAL CODICO CO	0.0015012	the face face	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				