FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088240 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Mark H. NAME Date Received **ELECTRONICALLY FILED** 03/03/2024 NICKNAME LAST **SUFFIX** Ritchie CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 300087 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77230 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Catharine NAME NICKNAME LAST **SUFFIX** Cat Carpentier **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 11805 Meadowglen Lane **ADDRESS** #2316 (Residence or Business) Houston, TX 77082 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 269-4395 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 3 District 14

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 8

COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS OR GUARANTEES OF LOANS, OR	13 C / OH NAME	Ritchie, Mark H. (Mr.		14 Filer ID 00088240	(Ethics Commission Filers)		
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AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.			Mr.	Mark H. Ritchie			
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.			Signature of	Candidate or Officeho	lder		
of, 20, to certify which, witness my hand and seal of office.	AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the	day		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							
	Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath		

SUBTOTALS - JC/OH

FORM **JC/OH** COVER SHEET PG 3

			JVLK SHLLT	3 of 8
18 FILER NAMI	(Ethics Commission	Filers)		
Ritchie, Ma				
20 SCHEDULE			SUBTOTAL AN	10UNT
NAME OF S	CHEDULE			
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,275.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	2,599.71
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	831.36
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	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/8
2	FILER NAME Ritchie, Mar				3 Filer ID (Ethics Commission Filers) 00088240
4	Date 02/12/2024	5 Full name of contributor Aquino, Megan6 Contributor address; City; STX	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$25.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if a	any)		
	Date 02/16/2024	Full name of contributor Barrick, Stephen Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$250.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	
	Lawyer			Partner	
	Hicks Thoma	employer/law firm as s a child, law firm of parent(s) (if a	any)	Law firm of contributor's sp	oouse (if any)
	Date 01/30/2024	Full name of contributor Carpentier, Cathy Contributor address; City; S	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$100.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
	If contributor i	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/8
2	FILER NAME Ritchie, Mar	< Н. (Mr.)			3	Filer ID (Ethics Commission Filers) 00088240
4	Date 01/31/2024 5 Full name of contributor out-of-state PAC (ID#:) Clouthier, Susan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00		
_		TX		I		
8		Principal Occupation		9 Contributor's Job Title		
_	Lawyer			Principal		(1)
10	Clouthier La	employer/law firm w Firm		11 Law firm of contributor's sp	oous	se (IT any)
12		s a child, law firm of parent(s) (if	· anv)			
	. Il contributor i	s a crima, law iiriii or parcrit(s) (ii	ally)			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	02/12/2024	Faubus, Dax				\$200.00
		Contributor address; City;	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Lawyer			Principal/Partner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	The Faubus	Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/24/2024	Mitchell, Debora		·		\$100.00
		Contributor address; City;	State; Zip Code			
		TX				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		

MONE	TARY POLITICAL CONTRIBU	TIONS	SCHEDULE A(J)1
The Instru	uction Guide explains how to complete t	his form.	1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/8
2 FILER NAME Ritchie, Ma			3 Filer ID (Ethics Commission Filers) 00088240
4 Date 01/30/2024	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of Contribution (\$) \$100.00
8 Contributor's	TX Principal Occupation	9 Contributor's Job Title	
10 Contributor's	s employer/law firm	11 Law firm of contributor's s	pouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		
Date 02/07/2024	Full name of contributor out-of-state PAC Schindler, Alyssa Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$250.00
Contributor's	TX Principal Occupation	Contributor's Job Title	
Lawyer	Timopa Georpaion	Lawyer	
	s employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00088240 Sch: 1/1 Rpt: 7/8 Ritchie, Mark H. (Mr.) \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/15/2024 **Event Horizon Consulting LLC** Amount (\$) Payee address; City; State; Zip Code \$2,599.71 1300 McGowen Houston, TX 77092 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign consulting and website setup 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

r - Gift/Award: Il Committee Legal Serv	s/Memorials Expense Fices S	Printing Expense T Salaries/Wages/Contract Labor C	ravel in District ravel Out of District ITHER (enter a category not listed above)
The Inst	ruction Guide explains ho	ow to complete this form.	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ritchie, Mark H. (M	r.)		00088240
Name of fina	ncial institution		
Barclay A	Arrival Plus		- \$
		CARD	
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
\$831.36	02/20/2024		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(a) Payee name		(b) Payee address;	City, State, Zip Code
Carroll Business Fo	orms & Printing		
		TX	
(a) Category		(b) Description	
,	of this schedule)		torneys - Houston endorsement
Filluling Expense		slate cards	
(c) Check if travel outside	of Texas. Complete Schedule T	. Check if Austin, TX	, officeholder living expense
Candidate/Officeholder	name Off	ice sought	Office held
ı	Carroll Business For Carroll Business For Carroll Business For Carroll Category (See Categories listed at the top Printing Expense (c) Check if travel outside	The Instruction Guide explains have been been been been been been been be	The Instruction Guide explains how to complete this form. 2 FILER NAME Ritchie, Mark H. (Mr.) Name of financial institution Barclay Arrival Plus (a) Amount Charged \$831.36 (b) Date of Charge Carroll Business Forms & Printing TX (a) Category (See Categories listed at the top of this schedule) Printing Expense Salaries/Wages/Contract Labor To Complete this form. 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITICARD (c) Date(s) Credit Card Issue (b) Payee address; TX (b) Payee address; (c) Description Association of Women At slate cards (c) Check if travel outside of Texas. Complete Schedule T.