JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to co	mplete this form.	1 Filer ID (Ethics Comm 00061713	,	2 Total page	es filed:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	James B.			Date Received	
					ELECTRON	IICALLY FILED
					07/09/2024	-
		LAST		SUFFIX	01103/2024	
	Brad	Morin				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT / SUITE #; CIT	ſY;	ZIP CODE	Date Hand-deliver	red or Date Postmarked
MAILING ADDRESS	REDACTED PER 2	54.0313, GOV'T (CODE		Receipt #	Amount
Change of Address						
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	James B.				
	NICKNAME	LAST			SUFFIX	
	Brad	Morin				
		-				
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;		STATE; ZIP CODE
	REDACTED PER 2	54.0313. GOV'T (CODE			
(Residence or Business)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (903) 926-2816	ONE NUMBER	EXTENSION			
8 REPORT TYPE		20th day befor		Dupoff	1 Eth day afte	r campaign treasurer
	January 15	30th day before		Runoff		(officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report	(Attach C/OH-FR)
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	01/01/2024		HROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea		Primary		Other	
	11/05/2024	" Ll'	lindiy			
	11/03/2024	X	General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	District Judge District 7	1 Harrison				
	1			1		
		GO ⁻	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Ve	ersion V4.1.0.d378aba

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 10

L

13 C / OH NAME	Morin, James B. (The	e Honorable)	14 Filer ID 00061713	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expen These expenditures may have been made with d officeholders are required to report this inform	out the candidate's or offic	eholder's knowledge or
Additional Pages		COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	IE	
		COMMITTEE CAMPAIGN TREASURER ADD	RESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE I		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LC	ANS)	\$ 0.00
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES		\$ 0.00
10 // 20	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 2,899.94
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	IE LAST DAY OF THE	\$ 19,409.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOF	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pe true and correct and include under Title 15, Election Coo	es all information required	
		The H	lonorable James B. Mo	rin
		Signatur	e of Candidate or Officeho	blder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering oath	Printed name of officer administering oath	n Title of office	er administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.d378aba0

FORM JC/OH COVED SHEET DC 3

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\$

119.00

					PG 3 3 of 10
18 FI	LER NAM	ΛΕ	19 Filer ID	(Ethics Commission	Filers)
Μ	orin, Jaı	nes B. (The Honorable)	00061713		
		E SUBTOTALS SCHEDULE		SUBTOTAL AN	NOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2,899.94
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SUBTOTALS - JC/OH

9.

10.

11. X

12.

TO FILER

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Exp Salaries/W	pense /ages/Contract Labo	se r	Trans Trave Trave	portation E I in District I Out of Dis	raising Expense quipment & Related Expense trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	B Filer	ID	(Ethics Commission Filers	s)
	Sch: 1/6 Rpt: 4/10		Morin, James B. (The Ho	norable)				000	61713		
4	Date	5	Payee name								
	05/10/2024		Boys and Girls club								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de					
	\$100.00		Marshall								
			Marshall, TX 75672								
8	PURPOSE	(a)				(b) Decoription	2				
0	OF	(a)	Category (See Categories listed Event Expense	at the top of this sch	edule)	(b) Description		tside of T	exas. Com	plete Schedule T.	
	EXPENDITURE					Check if A	Austin, T	X, officeh	older living	expense	
						Donation					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name								
	03/05/2024		Chick Fila								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$200.00		Marshall								
			Marshall, TX 75672								
	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense						exas. Com older living	plete Schedule T. expense	
						Election r			loidor innig	expense	
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	aht			Office he	ld	
	expenditure to benefit C/OF					gin					
_		_									
	Date		Payee name								
	03/25/2024		Community Health Core								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$100.00		Marshall								
			Marshall, TX 75672								
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description	n				
	OF EXPENDITURE		Event Expense	·	ŗ	Check if t	ravel ou	tside of T	exas. Com	plete Schedule T.	
	EXPENDITORE						Austin, T	X, officeh	older living	expense	
						Tickets					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	ld	
		1									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 2/6 Rpt: 5/10		00061713							
		Morin, James B. (The Honorable)	00001713							
4	Date	Payee name								
	01/02/2024	Hallsville Ladycats Boosters								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$250.00	Bobcat Lane								
		Hallsville, TX 75650								
L										
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	autoida of Taylog, Complete Cabadula T							
	EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
		Ad	, TX, oncenolder living expense							
		7.04								
_										
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
⊨	Date	Payee name								
	01/09/2024	Heart of Harleton								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$200.00	Harleton								
		Harleton, TX 76561								
-	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF		outside of Texas. Complete Schedule T.							
	EXPENDITURE		n, TX, officeholder living expense							
		Tickets								
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI									
⊨	Data	Davida anno								
	Date	Payee name								
	02/08/2024	КМНТ								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$99.00	2323 Jefferson								
		Marshall, TX 75672								
⊢	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF		outside of Texas. Complete Schedule T.							
	EXPENDITURE		n, TX, officeholder living expense							
		Sponsor								
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI									
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	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	verhea xpens Expens Wages	se s/Contract Labor		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				3	Filer ID (Ethics Commission Filers)		
	Sch: 3/6 Rpt: 6/10		Morin, James B. (The Honorable)					00061713			
4	Date	5	Payee name								
	02/16/2024		Marshall Baseball Boosters								
6	Amount (\$)	7	Payee address; City; Sta	te; Zip C	ode						
	\$100.00		Maverick DR.								
			Marshall, TX 75670								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.			
						Donation	, 17,	officeholder living expense			
						Donation					
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held			
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/15/2024		Marshall Chamber of Commerce								
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode						
	\$85.00		208 E Burleson								
			Marshall, TX 75670								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Fees	ŗ				ide of Texas. Complete Schedule T.			
						<u> </u>	, TX,	, officeholder living expense			
						Dues					
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	L Jaht			Office held	—		
	expenditure to benefit C/OI	Н			Ū						
	Date		Payee name						=		
	04/02/2024		Marshall Chamber of Commerce								
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode						
	\$80.00		208 E Burleson								
			Marshall, TX 75670								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.			
						Tickets	, 17,	, officeholder living expense			
						nonoto					
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	L Jaht			Office held	\neg		
	expenditure to benefit C/OI				5						
⊢									\neg		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor		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			3	Filer ID (Ethics Commission Filers)		
	Sch: 4/6 Rpt: 7/10		Morin, James B. (The Honorable)				00061713		
4	Date	5	Payee name			1			
	04/30/2024	-	Marshall Chamber of Commerce						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode				
	\$75.00		208 E Burleson	·					
			Marshall, TX 75670						
8	PURPOSE	(a)			(b) Description				
ľ	OF	(4)	Category (See Categories listed at the top of this sche Event Expense	edule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austir	n, TX	, officeholder living expense		
					Ad				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight		Office held		
	Date		Payee name						
	03/09/2024		Marshall Elks						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$120.00	411 E Austin							
			Marshall, TX 75670						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Donation				
	Complete ONLY if direct	(Candidate/Officeholder name C	Office sou	ight		Office held		
	expenditure to benefit C/OF	4							
	Date		Payee name						
	01/17/2024		Marshall Symphony League						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$250.00		P.O.Box 580						
			Marshall, TX 75671						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Taura Consults Ochodula T		
	EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Tickets	.,			
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	lght		Office held		
	expenditure to benefit C/OF				-				

			EXPENDITURE CA	TEGORIES	FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens mittee Legal Services The Instruction Guide et	Offi Poll se Prin Sala	ce Overh ling Expe nting Exp aries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/6 Rpt: 8/10		Morin, James B. (The Honorable	e)				00061713	
4	Date	5	Payee name						
	03/02/2024		Marshall Symphony League						
6	Amount (\$) \$300.00	7	Payee address; City; P.O.Box 580	State; Zij	p Cod	9			
			Marshall, TX 75671						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Event Expense	of this schedule)) (ide of Texas. Comp , officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	nt		Office he	ld
	Date		Payee name						
	05/17/2024		Sabine High School Cheer						
	Amount (\$) \$40.00		Payee address; City; Sabine	State; Zij	p Cod	e			
			Sabine, TX 75930						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Advertising Expense	of this schedule)) (ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	nt		Office he	ld
	Date		Payee name						
	04/29/2024		Super One						
	Amount (\$) \$176.94		Payee address; City; Pinecrest	State; Zij	p Cod	e			
			Marshall, TX 75672						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Event Expense	of this schedule)) (ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	nt		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria ittee Legal Services The Instruction (ls Expense	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		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 F	ILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 9/10		lorin, James B. (The Hon	orable)				00061713
4	Date	5 P	ayee name					
	04/23/2024	Т	racy Finley Memorial					
6	Amount (\$)	7 P	ayee address; City;	State;	; Zip Co	le		
	\$100.00	N	larshall					
		N	larshall, TX 75670					
8	PURPOSE					(b) Description		
ľ	OF		ategory (See Categories listed at dvertising Expense	the top of this sch	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						Ad		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held
	Date	Б	ayee name					
	02/15/2024		/askom AG Boosters					
				<u> </u>	7. 0			
	Amount (\$)		ayee address; City;	State;	; Zip Co	le		
	\$589.00	v	/askom					
		V	/askom, TX 75692					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at vent Expense	the top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held
	Date	Р	ayee name					
	01/30/2024		askom Chamber of Corr	imerce				
-	Amount (\$)	Р	ayee address; City;	State:	Zip Co	le		
	\$35.00		/askom	etato,	, <u> </u>			
	\$00,00							
		v	/askom, TX 75692					
	PURPOSE	(a) C	ategory (See Categories listed at	the top of this sch	edule)	(b) Description		
	OF EXPENDITURE	E	vent Expense					ide of Texas. Complete Schedule T. , officeholder living expense
-	Complete ONL V if direct		ndidate/Officeholder name		Office soug	lht		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Ĺ		pric		Onice neiu

SCHEDULE |

Total pages Schedule I: 2 FillER NAME Monin, James B. (The Honorable) 3 Filler ID 00061713 © Date 5 Payee name O3/09/2024 5 Payee name Marshall Elks 0 3 Amount (\$) 7 Payee Address; 119.00 City: State; Zip 411 E Austin Marshall, TX 75670 City: State; Zip 6 City: State; Zip 400 Description Cite instructors regarding type of Dues PURPOSE Fees (a) Category (See instructors for examples of acceptable categories) (b) Description Cite instructors regarding type of Dues	
Date 5 Payee name 03/09/2024 Marshall Elks Amount (\$) 7 Payee Address; City; State; Zip 119.00 411 E Austin Marshall, TX 75670 Marshall, TX 75670 B PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of Dues)	Commission Filers
03/09/2024 Marshall Elks Amount (\$) 7 Payee Address; City; State; Zip 119.00 411 E Austin Image: Comparison of the payee Address of the	
Amount (\$) 7 Payee Address; City; State; Zip 119.00 411 E Austin 411 E Austin Marshall, TX 75670 Marshall, TX 75670 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of Dues)	
119.00 411 E Austin Marshall, TX 75670 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of Dues)	
PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of Dues OF Fees Dues	
PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of Fees Dues	
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OF EXPENDITURE Fees Dues	f information required