### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to c	omplete this form.	1 Filer ID (Ethics Commis 00061713	sion Filers)	2 Total pages fil	ed: 3
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
OFFICEHOLDER	The Honorable	James B.				
NAME		ounce D.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/02/2025	
	Brad	Morin				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered of	r Date Postmarked
MAILING	2803 Waubun					-
ADDRESS					Receipt #	Amount
Change of Address	Marshall, TX 75672					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	James B.				
NAME						
	NICKNAME	LAST			SUFFIX	
	Brad	Morin				
6 CAMPAIGN	STREET ADDRESS (NC	PO BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	2803 Waubun					
ADDRESS						
(Residence or Business)						
	Marshall, TX 75672					
7 CAMPAIGN	AREA CODE P		VTENCION			
TREASURER		HONE NUMBER	EXTENSION			
PHONE	(903) 926-2816					
8 REPORT TYPE						
	X January 15	30th day before	election	Runoff	15th day after car appointment (offic	
	July 15	8th day before		Exceeded modified	Final Report (Atta	
				reporting limit		
	Manth Davi Vi			Manth Davi	Veer	
9 PERIOD COVERED	,	ear T		Month Day	Year	
COVERED	07/01/2024	IF	IROUGH	12/31/202	4	
		i				
10 ELECTION	ELECTION DAT	Ξ		ELECTION TYPE		
	,	ear P	rimary	Runoff	Other	
	11/05/2024		General	Special		
			Jeneral			
				i		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	District Judge District	71 Harrison				
	1			1		
		GO 1	O PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us	;	Versio	on V4.1.0.5dd2ace2

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 8

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 expend These expenditures may have been made withor d officeholders are required to report this information	ut the candidate's or office	eholder's knowledge or							
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME									
	GENERAL										
	SPECIFIC										
		COMMITTEE CAMPAIGN TREASURER ADDF	RESS								
16 CONTRIBUTION TOTALS		L IZED POLITICAL CONTRIBUTIONS(OTHER THES ES OF LOANS, OR CONTRIBUTIONS MADE E		<b>\$</b> 0.00							
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA		\$ 0.00							
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES		\$ 0.00							
	4. TOTAL POLITICAL EXPENDITURES										
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	E LAST DAY OF THE	<b>\$</b> 17,334.67								
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS . TING PERIOD	AS OF THE LAST DAY	\$ 0.00							
17 AFFIDAVIT											
		I swear, or affirm, under pen true and correct and include under Title 15, Election Cod	s all information required t	companying report is o be reported by me							
		The Ho	onorable James B. Mori	in							
		Signature	of Candidate or Officehol	der							
AFFIX NOT	TARY STAMP / SEAL AB	OVE									
		aid	, this the	day							
of	, 20, to c	ertify which, witness my hand and seal of office.									
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	r administering oath							
Forms provided by Tex	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2							

## FORM JC/OH COVER SHEET PG 3

3	of	8
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18 FILER NA	 ME	19 Filer ID	(Ethics Commission Filers)								
Morin, Ja	mes B. (The Honorable)										
	O SCHEDULE SUBTOTALS NAME OF SCHEDULE										
1. X											
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	<b>\$</b> 1,575.00									
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS										
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS										
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$									
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$									
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$									
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	<b>\$</b> 500.00									
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$								

SUBTOTALS - JC/OH

	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 Exp Gift/Awards/Memoria Inmittee Legal Services The Instruction	als 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	FILER NAME				3	Filer ID (Ethics Commission Filer	rs)
	Sch: 1/4 Rpt: 4/8		Morin, James B. (The Hor	norable)				00061713	
4	Date	5	Payee name						
	09/13/2024		Caleb Caldwell						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le			
	\$100.00		Marshall						
			Marshall, TX 75672						
8	PURPOSE	(a)				(b) Description			
ľ	OF	``	Category (See Categories listed a Event Expense	t the top of this sch	edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living expense	
						Raffle spons	or		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Office sou	ht		Office held	
	Date		Payee name						
	11/13/2024		Cypress Jr. Womens Club	)					
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$75.00		Marshall		•				
			Marshall, TX 75670						
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.	
								a, officeholder living expense	
						Supper with	Sar	nta sponsor	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	lht		Office held	
	Date		Payee name						
	08/01/2024		Dream Team						
	Amount (\$)		Payee address; City;	State;	; Zip Co	le			
	\$100.00		Marshall						
			Marshall, TX 75670						
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Event Expense		,	Check if travel	outs	ide of Texas. Complete Schedule T.	
	EXPENDITORE						ı, TX	, officeholder living expense	
						Sponsor			
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	lht		Office held	
	expenditure to benefit C/OF								

	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 Gitf/Awards/Memorials Expense mmittee Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhea kpens xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/4 Rpt: 5/8		Morin, James B. (The Honorable)					00061713	
4	Date	5	Payee name						
	09/09/2024		Friends of Marshall Animals						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode				
	\$150.00		Travis						
			Marshall, TX 75672						
8	PURPOSE	(a)			(h)	Description			
ľ	OF	(a)	Category (See Categories listed at the top of this so Event Expense	hedule)	(0)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Event Expense					officeholder living	
						Sponsor			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office he	eld
	Date		Payee name						
	08/23/2024		Harleton All Sports Backers						
	Amount (\$)		· ·	e; Zip Co	ode				
	\$150.00		P.O.Box 318	5, <b>zip 6</b> 0	540				
	\$150.00		1.0.000.010						
			Harleton, TX 75651						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	EXPENDITURE		Event Expense					de of Texas. Com officeholder living	
						Tickets	, 17,	oniceriolder living	expense
						Honoto			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht			Office he	ld
	expenditure to benefit C/OF			Chiec Soc	igin			onice ne	
_	Data	<u> </u>							
	Date		Payee name						
	12/10/2024		Karnack ISD						
	Amount (\$)			e; Zip Co	ode				
	\$100.00		Karnack						
			Karnack, TX 75611						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards/Memorials Expense					de of Texas. Com	
								officeholder living	expense
						Sponsor gifts	TO	children	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	lght			Office he	eld
		-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	se Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/4 Rpt: 6/8			es B. (The Hond	orable)				00061713	
4	Date	5	Payee name					•		
	09/13/2024		Marshall Ch	amber of Comn	nerce					
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de			
	\$150.00		208 E Burles	son						
			Marshall, TX	( 75670						
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	iedule)	(b) Description			
	OF EXPENDITURE		Event Exper			ŕ	Check if travel	outs	ide of Texas. Com	plete Schedule T.
	EXFENDITORE							I, TX	, officeholder living	expense
							Tickets			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	(	Office sou	jht		Office he	ald
	Date		Payee name							
	07/31/2024		Misd Athletic	cs						
⊢	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de			
	\$200.00		Marshall			,				
	\$200.00		Marshail							
			Marshall, TX	( 75672						
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Advertising I	Expense					ide of Texas. Com	
								I, TX	, officeholder living	expense
							Ad			
	Operation ONITY is aligned		Deve distante (Offic			24			0.000	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/Onic	ceholder name	(	Office sou	JUL		Office he	eiu
╞	•	_								
	Date		Payee name							
	07/11/2024		Print Shop							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de			
	\$150.00		214 S Boliva	ar						
			Marshall, TX	( 75670						
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Advertising I				Check if travel	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITORE							I, TX	, officeholder living	expense
							Ad			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	jht		Office he	eld
		_						_		

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayme Office Overhea Polling Expense Printing Expense Salaries/Wages	nt/Reinbursement d/Rental Expense e se //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 NAM	=			3	Filer ID (Ethics Commission Filers	)
Ľ	Sch: 4/4 Rpt: 7/8		- es B. (The Honorable)			ľ	00061713	<i>'</i>
	-						00001713	
4	Date 12/13/2024	5 Payee name Texas Ban	k and Trust					
6	Amount (\$) \$400.00	7 Payee addre 715 East e	nd Blvd	te; Zip Code				
		Marshall, T	X 75672					
8	PURPOSE OF EXPENDITURE		ee Categories listed at the top of this s s/Memorials Expense	chedule) (b)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense nation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sought			Office held	

The Instruction Guide explains how to complete this form. Total pages Schedule I: 2 FILER NAME Filer ID (Ethics Commission Filers) 1 3 Morin, James B. (The Honorable) 00061713 Sch: 1/1 Rpt: 8/8 4 Date Payee name 5 07/30/2024 Vanderburg, Kayla (Miss) Amount (\$) Payee Address; City; State; Zip 6 7 Victory Dr 500.00 Marshall, TX 75672 (a) Category (See instructions for examples of acceptable categories) 8 PURPOSE (b) Description (See instructions regarding type of information required.) OF EXPENDITURE Salaries/Wages/Contract Labor Summer intern

SCHEDULE |