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) 00081694 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Christopher D. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Chris Morton CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE CITY; **OFFICEHOLDER** 2107 Cheshire Ln. MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77018 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Sarah B. NAME NICKNAME LAST **SUFFIX** Morton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2107 Cheshire Ln. **ADDRESS** (Residence or Business) Houston, TX 77018 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 876-1456 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l 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** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 230 Harris

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Morton, Christopher I	D. (The Honorabl	e)	14 Filer ID 00081694	(Ethics Com	mission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditures is accepted or political expenditures in a security of the security of t	the candidate's or offic	ceholder's kno	owledge or		
Additional Pages	COMMITTEE TYPE							
	GENERAL	NERAL						
		COMMITTEE ADI	DRESS					
	SPECIFIC							
		COMMITTEE CAI	MPAIGN TREASURER NAME	RER NAME				
		COMMITTEE CAI	MPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	\$	0.00					
	2. TOTAL POLIT	\$	0.00					
EXPENDITURE	`	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00		
TOTALS		\$	0.00					
	4. TOTAL POLIT	TOTAL POLITICAL EXPENDITURES				240.00		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$	8,269.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	\$	0.00					
17 AFFIDAVIT								
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
			The Honorah	ole Christopher D. M	/orton			
				Candidate or Officeho				
AFFIX NOT	FARY STAMP / SEAL AB	OVE						
Sworn to and subso	ribed before me, by the s	aid		, this the		day		
	Sworn to and subscribed before me, by the said, this the, of, 20, to certify which, witness my hand and seal of office.							
Signature of office	er administering oath	Printed name	e of officer administering oath	Title of office	er administeri	ng oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVLK 3	3 of 5
l	ER NAN	(Ethics Cor	nmission Filers)		
l	HEDULI ME OF :	SUBT	OTAL AMOUNT		
1.	X	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.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	240.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
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	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	
1					

	LOANS (J	UDICIAL)					SCHEI	OULE E	(J)		
	The Instruction Guide explains how to complete this form.						1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/5				
2	P. FILER NAME Morton, Christopher D. (The Honorable)						3 Filer ID (Ethics Commission Filers) 00081694				
4	TOTAL OF UN		•		\$		0.00				
5	Date of loan	7 Name of lender	out-of-state PAC	C (ID#:)	9 Loan An	nount (\$)			
6	Is lender a 8 Lender address; City; State; Zip Code financial institution?							10 Interest Rate			
							11 Maturity Date				
12	Lender's Principal	Occupation		13 Lender's Job Title							
14	Lender's Employe	r/Law Firm		15 Law Firm of lender's spouse (if any)							
16	6 If lender is child, la	aw firm of parent(s) (if any)	1								
17	Description of Coll	ateral		18 Check if personal funds were deposited into political account (See Instructions)							
19	GUARANTOR INFORMATION	20 Name of guarantor	•				22 Amount	Guaranteed	d (\$)		
23	not applicable Guarantor's Princi	21 Guarantor address; City;	State;	Zip Code Zip Code							
25	Guarantor's Emplo	oyer/Law Firm		26 Law Firm of guarantor's sp	ouse	(if any)					
_											
21	if guarantor is child	d, law firm of parent(s) (if any)									

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	mmittee	Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	als Expense		se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)			
1	Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME Morton, Christopher D. (The Honorable)					3	Filer ID 00081694	(Ethics Commission Filers)				
<u> </u>	Date	5 Payee name							00001094		-		
	08/19/2024			essional Web S	Solutions								
6	Amount (\$)	7	Payee addre			Zip Code					\dashv		
	\$240.00		211 Cardin								١		
			Montgome	ry, NY 12549									
8	PURPOSE OF	(a)		See Categories listed a	at the top of this sch	edule) (b)	Description						
	EXPENDITURE		Advertising	g Expense			_		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
			Check if Aust Web hosting						•				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office sought			Office he	eld			