The JC/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	s filed:
GANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.			OFFICE USE ONLY	
NAME	NICKNAME "Chris"	Morales	SUFFIX	Date Received	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 310 Morton S	APT / SUITE #; St., Ste. 575, Rich!	mond, TX 77469		JAN 5 201
Change of Address	ADEA CODE	THOUSE NUMBER			
CANDIDATE/ OFFICEHOLDER PHONE	(281) 795	5-6107	EXTENSION		red or Date Postmarked
CAMPAIGN	MS / MRS / MR	FIRST	МІ	Receipt #	Amount \$
TREASURER NAME	Mrs.	Janice	OUTTV	Date Processed	
	NICKNAME	Knight (SUFFIX	Date Imaged	
CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S Trail, Sugar Land,		STATE;	ZIP CODE
Residence or Business)					
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
FIONE	(713) 582-	7007			
	(713) 582-	7007 30th day before e	election Runoff	treasure	after campaign r appointment ilder Only)
	, , ,			treasurei (Officeho	r appointment
REPORT TYPE	January 15	30th day before e	action Exceeded Modified	treasurei (Officeho	r appointment older Only)
REPORT TYPE PERIOD COVERED	January 15 July 15 Month 07 ELECTION DAT	30th day before ele 8th day before ele Day Year 01 2023	Exceeded Modified Reporting Limit Month THROUGH ELECTION TYPE Runoff Other	treasurei (Officeho	r appointment ilder Only) port (Attach C/OH - FR) ear
REPORT TYPE PERIOD COVERED	January 15 July 15 Month 07	30th day before ele 8th day before ele Day Year 01 2023	Exceeded Modified Reporting Limit Month THROUGH ELECTION TYPE	treasurei (Officeho	r appointment ilder Only) port (Attach C/OH - FR) ear
PERIOD COVERED	January 15 July 15 Month 07 ELECTION DAT Month Day 11 08 OFFICE HELD (if any)	30th day before ele 8th day before ele Day Year 01 2023 FE Year Primary 2022 General	Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Description Special 13 OFFICE SOUGHT (if known	treasurei (Officeho Day Y 31 20	r appointment ider Only) port (Attach C/OH - FR) ear
PERIOD COVERED ELECTION OFFICE	January 15 July 15 Month 07 ELECTION DAT Month Day 11 08 OFFICE HELD (if any) Judge, Fort Bend	30th day before ele 8th day before ele Day Year 01 2023 Ferrimany 2022 General County Court at Law No	Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known Judge, Fort Bend County)	treasurei (Officeho Day You 31 20 y Court at Law	r appointment ider Only) port (Attach C/OH - FR) ear 023
PERIOD COVERED ELECTION OFFICE NOTICE FROM POLITICAL	January 15 July 15 Month 07 ELECTION DAT Month Day 11 08 OFFICE HELD (if any) Judge, Fort Bend THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	30th day before elected and selected and sel	Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Description Special 13 OFFICE SOUGHT (if known	treasurei (Officeho Tinal Rej Day Y 31 20 Y Y Court at Law ADE BY POLITICAL CHICATES OR OFFICEH	r appointment ider Only) port (Attach C/OH - FR) ear 123 No. 1 COMMITTEES TO SUPPORT KNOWLEDGE OR
PERIOD COVERED ELECTION OFFICE NOTICE FROM	January 15 July 15 Month 07 ELECTION DAT Month Day 11 08 OFFICE HELD (if any) Judge, Fort Bend THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	30th day before elected and selected and sel	Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (If known of the county of the cou	treasurei (Officeho Tinal Rej Day Y 31 20 Y Y Court at Law ADE BY POLITICAL CHICATES OR OFFICEH	r appointment ider Only) port (Attach C/OH - FR) ear 123 No. 1 COMMITTEES TO SUPPORT KNOWLEDGE OR
PERIOD COVERED DELECTION DELECT	January 15 July 15 Month 07 ELECTION DAT Month Day 11 08 OFFICE HELD (if any) Judge, Fort Bend This BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES	30th day before elected and befo	Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (If known of the county of the cou	treasurei (Officeho Tinal Rej Day Y 31 20 Y Y Court at Law ADE BY POLITICAL CHICATES OR OFFICEH	r appointment ider Only) port (Attach C/OH - FR) ear 123 No. 1 COMMITTEES TO SUPPORT KNOWLEDGE OR
PERIOD COVERED 1 ELECTION 2 OFFICE 4 NOTICE FROM POLITICAL COMMITTEE(S)	January 15 July 15 Month 07 ELECTION DAT Month Day 11 08 OFFICE HELD (if any) Judge, Fort Bend THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE CONSENT. CANDIDATES COMMITTEE TYPE	30th day before elected and officeholders are expenditures.	Exceeded Modified Reporting Limit Month THROUGH 12 ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (If known o. 1 Judge, Fort Bend County) ACCEPTED OR POLITICAL EXPENDITURES MS MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF TO	treasurei (Officeho Tinal Rej Day Y 31 20 Y Y Court at Law ADE BY POLITICAL CHICATES OR OFFICEH	r appointment ider Only) port (Attach C/OH - FR) ear 123 No. 1 COMMITTEES TO SUPPORT KNOWLEDGE OR

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME Christopher G	. Morales	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS					
	\$ 0.00				
EXPENDITURE TOTALS	1 3 TOTAL UNITEMIZED POLITICAL EXPENDITURE				
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	1 D. IOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAT				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 0.00			
	rear, or affirm, under penalty of perjury, that the accompanying report is true sired to be reported by me under Title 15, Election Code Signature of Ca	e and correct and includes all information			
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by 20					
	OR-				
(2) Unsworn Declaration					
My name is	, and my date of birth is	s			
My address is					
		(state) (zip code) (country)			
Executed in	County, State of , on the day of (mont	th)			
	Signature of Cand	didate/Officeholder (Declarant)			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 F	mmission Filers)					
Ch	Christopher G. Morales					
21 S	SUBTOTAL AMOUNT					
1.	1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			\$		
4.	4. SCHEDULE E: LOANS			\$		
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$3,732.66.		
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$243.54		
10.		\$				
11.	. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$		
-						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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	al Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor (Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:			Filer ID (Ethics Commission Filers)	
4 Date 7/7/2023	5 Payee name Staples, Inc.			
6 Amount (\$) 487.11	7 Payee address; 500 Staples Dr., Framingham, MA 0170	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	OF			
,	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 8/7/2023	Payee name Godaddy.com			
Amount (\$) 1,254.33	Payee address; 2155 E. GoDaddy Way, Tempe, AZ 8	City; 35284	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website renewal to website and secure	fee for 3 years, rework of rity features	
Y	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
7/21/2023	Reading Junior High			
Amount (\$) \$198.00	Payee address; 8101 FM 762, Richmond, TX 77469	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Charms Dance Team Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, To	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expens Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 3 Christopher G. Morales 4 Date 5 Payee name 11/20/2023 Godaddy.com 6 Amount (\$) 7 Payee address; City; State: Zip Code \$239.15 2155 GoDaddy Way, Tempe, AZ 85284 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **Email Renewal Fee** Office Expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/14/2023 Hispanics Offering People Education (H.O.P.E.) City; State: Zip Code Amount (\$) Payee address: \$300.00 P.O. Box 2011, Richmond, TX 77406 Category (See Categories listed at the top of this schedule) Description Sponsorship of Halloween Fun Run Advertising Expense **PURPOSE** 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 Date Payee name 8/30/2023 **Exchange Club of Fort Bend** Amount (\$) Payee address; State; Zip Code City: \$256.25 P.O. Box 169, Sugar Land, TX 77487 Description Category (See Categories listed at the top of this schedule) Hole Sponsorship for Golf Tournament Advertising Expense PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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
Other (enter a category not listed above)

Legal Services Salaries/Wages/Contract Labor 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) 3 Christopher G. Morales 4 Date 5 Payee name 9/15/2023 HomeGoods 6 Amount (\$) 7 Payee address; State; Zip Code \$292.21 23835 Brazos Town Center, Rosenberg, TX 77471 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Office Expense Supplies and Decorations for Chambers **PURPOSE EXPENDITURE** 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 8/20/2023 Cyndia Rodriguez Amount (\$) Payee address; Zip Code City: State: \$200.00 2205 Greenwood, Rosenberg, TX 77471 Category (See Categories listed at the top of this schedule) Description Sponsorship of Sewing Class Advertising Expense PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/7/2023 Quality Logo Products Amount (\$) Payee address; City; State; Zip Code \$505.61 724 North Highland Ave., Aurora, IL 60506 Category (See Categories listed at the top of this schedule) Description Logo Bags for Career Fair Advertising Expense PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ravel 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Christopher G. Morales 4 Date 5 Payee name 7/1/2023-12/31/2023 AT&T 6 Amount (\$) 7 Payee address; City; State: Zip Code \$243.54 208 S. Akard St., Suite 2954, Dallas, TX 75202 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Campaign Phone Line Monthly Fee for Office Expense OF July through December **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code City; State: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State; Zip Code Reimbursement from political contributions Description Category (See Categories listed at the top of this schedule) PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED