

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Michael	MI S	OFFICE USE ONLY Date Received REC'D JUL 14 2023 3:04 PM <i>Whitney Moreland</i>			
	NICKNAME Mike	LAST Marion	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 1659		APT / SUITE #:				
	CITY: Vidor	STATE: TX	ZIP CODE 77662				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (409)	PHONE NUMBER 233-8220	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Michael	MI S	Receipt #			
	NICKNAME Mike	LAST Marion	SUFFIX	Amount \$			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #:		CITY:	STATE:	ZIP CODE		
	243 Oldbury Rd.		Vidor	TX	77662		
8 CAMPAIGN TREASURER PHONE	AREA CODE (409)	PHONE NUMBER 233-8220	EXTENSION	Date Processed			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	01	03	2023	THROUGH	06	30	2023
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	03	05	2024	<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
			Judge County Court at Law No. 2				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

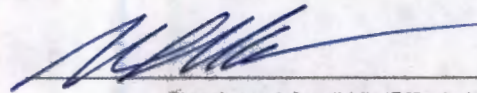
GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 2**

15 JC/OH NAME Michael S. Marion		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

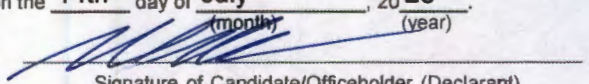
OR

(2) Unsworn Declaration

My name is Michael S. Marion, and my date of birth is 10/22/1967.

My address is 243 Oldbury Rd., Vidor, TX, 77662.
(street) (city) (state) (zip code) (country)

Executed in Orange County, State of TX, on the 14th day of July, 2023.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3****19 FILER NAME****Michael S. Marion****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0