

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH  
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE NAME		MS / MRS / MR <i>MS</i>	FIRST <i>Julie</i>	MI <i>K</i>	OFFICE USE ONLY		
NICKNAME		LAST <i>Morton</i>	SUFFIX	Date Received <b>RECEIVED</b> JAN 15 2026 BY: <i>J. Elliott</i>			
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>Po Box 843 ALPINE TX 79831</i>					
5 CANDIDATE PHONE		AREA CODE <i>(432)</i>	PHONE NUMBER <i>538-2079</i>	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <i>Mrs.</i>	FIRST <i>LISA</i>	MI <i>G</i>	Receipt #	Amount \$	
NICKNAME		LAST <i>Morton</i>	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>704 E Ave H, ALPINE, TX 79830</i>				Date Imaged	
8 CAMPAIGN TREASURER PHONE		AREA CODE <i>(432)</i>	PHONE NUMBER <i>386-2396</i>	EXTENSION			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before convention / election	<input type="checkbox"/> Runoff			
		<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before convention / election	<input type="checkbox"/> Final report (Attach SC C/OH - FR)			
10 PERIOD COVERED		Month <i>/</i>	Day <i>/</i>	Year <i>/</i>	Month <i>/</i>	Day <i>/</i>	Year <i>/</i>
11 CONVENTION / ELECTION DATE		Month <i>3</i>	Day <i>/3</i>	Year <i>2026</i>	12 OFFICE SOUGHT <i>Brewster County Treasurer</i>	<input type="checkbox"/> STATE CHAIR <input type="checkbox"/> COUNTY CHAIR	
13 POLITICAL PARTY		COUNTY (If Applicable) <i>Democratic Party - Brewster County</i>					
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF 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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
			COMMITTEE ADDRESS				
			COMMITTEE CAMPAIGN TREASURER NAME				
			COMMITTEE CAMPAIGN TREASURER ADDRESS				

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**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH  
COVER SHEET PG 2**

<b>15 CANDIDATE NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 750.60
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ —
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 750.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 750.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>		

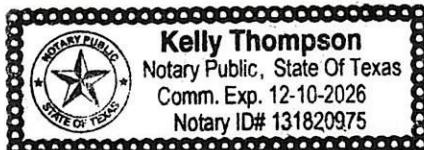
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Julie Morton this the 15 day of January,

2026, to certify which, witness my hand and seal of office.

Kelly Thompson  
Signature of officer administering oath

Kelly Thompson  
Printed name of officer administering oath

Notary, State of Texas  
Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate (Declarant)