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)						ed:8		
3 CANDIDATE / OFFICEHOLDER NAME	Mrs, Christina C				D. J. D	USEONLY		
	NICKNAME	Hant	manh	SUFFIX STATE: ZIP CODE	or record in my			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	POBOX		ville T	**************************************	1:45 OLGA M. MA MVIISON GA	Mo'clock № M RRERO, EA unty, Texas		
Change of Address				<u> </u>	V Olga 17 [11]	Muro Deputy		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE  ( 210) 3	89-554	5	EXTENSION	Date Hand-delivered	or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MVS:	Christ	na	C <sup>M</sup> :	Date Processed	/ Amount \$		
IVAIVIE	NICKNAME TIN C	Hartma	ah <b>h</b>	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	O PO BOX PLEASE); APT / S	SUITE #;	Floresville	STATE;	ZIP CODE 48114		
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 2\D)	289-55L	15	EXTENSION				
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day aft treasurer ap (Officeholde			
	July 15	8th day before el	lection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year 2021	THROL	IGH O6	$\frac{130}{30}$	1024		
11 ELECTION	ELECTION DAT	Year Primary	Runo					
	11/05/	2024 D General	I Spec	Description				
12 OFFICE	OFFICE HELD (IF any) WISON COU	nty Courtatha	W Juge	OFFICE SQUGHT (if known	untylout	atlawJua		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	OF POLITICAL CONTRIBUTIONS HOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEE	N MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAMI					
		COMMITTEE CAMPAIGN TE	REASURER ADD	RESS				
		GO TO	PAGE 2					

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	(Tina) C. Hartman		er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT	L CONTRIBUTIONS (OTHER THAN INTEES OF LOANS, OR TRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS)	\$5,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	L EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDI	TURES	\$ 156,77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LAST DAY	\$7,215,58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS OF THE G PERIOD	\$ ()
req	uired to be reported by me under Title 15, Ele	Signature of Candidate	e/Officeholder
	Please comp	lete either option below:	
(1) Affidavit	Audrey Lynn Keylich My Commission Expires 3/14/2028 Notary ID 130383654	entrage in the second s	All All Control
NOTARY STAMP/SEA		1	The O
0.4	before me by Christina 4	daetmann_this the	day of,
11 41	which, witness my hand and seal of office.	Keylich	Notary
Signature of officer administr	ring oath Printed name of office	ce administering oath	Title of officer administering oath
(2) Un avvern Parlanet		OR	
(2) Unsworn Declarati	on		
My name is		, and my date of birth is	•
My address is		× ×	(-lele-)
Executed in	(street)County, State of		(zip code) (country), 20 (year)
1			

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

19	Christina (Tina C. Hartmann DIA)	s Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$5,000,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>D'</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>D</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <b>D</b>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 156.47
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	он \$ 💍
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ \( \)
- 8		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

### SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Christina (Tina C. Hartmann	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#:  04-25-2046 Contributor address; City; State; Zip Code  57-11 University Heights Blvd Suite D San Antonio 17 78249	Amount of contribution (\$)
Suffer Di Garring IN 1007	Annie de la companya
8 Contributor's principal occupation  Attorney Law  9 Contributor's job title  Attorney	Į.
10 Contributor's employer/law firm  Thomas J. Henry Law  11 Law firm of contributor	's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
04-25-2024 Han Di Dale HICKS Contributor address; City; State; Zip Code	1,0001
125 West Gramercy Place, San Antonia to 78212	¥
Contributor's principal occupation  Contributor's job title  Attorney  Attorney  Attorney	1
Contributor's employer/law firm Thomas J. Henry Law  Law firm of contributor	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
04-25-2024 Thomas J. Henry Contributor address; City; State: Zip Code	\$1,000,00
5'71 University Heights Blod San Antonio TX-45	249
Contributor's principal occupation  Attorney  Contributor's job title  Attorney	
Contributor's employer/law firm  Law firm of contributor  Law firm of contributor	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
	WEEDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

### SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

the separate that all an earth was	20 20 30 30 30 20 00 00 00 00 00 00 00 00 00 00 00 00		•
The li	nstruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1:
2 FILER NAME	ina (Itina) C. Hartma	Uhh	3 Filer ID (Ethics Commission Filers)
4 Date 5	Full name of contributor Out-of-state PAC ID		7 Amount of contribution (\$)
04-25-20246	- Brent Farney Contributor address; City	State; Zip Code	\$1,000,00
5	'Ill University Helohts BIVO	an Antonio TX 78	249
8 Contributor's prince		9 Contributor's job title	
10 Contributor's empl	oyer/law firm	11 Law firm of contributor's	spouse (if any)
12 If contributor is a c	child, law firm of parent(s) (if any)		
Date	Full name of contributor  out-of-state PAC IC	D#:	Amount of contribution (\$)
04-25-2024	homas J. Henry Law PL Contributor address; City;	State; Zip Code	\$1,000,00
P.	0.Box 696025 San History	10 TR 78269	
Contributor's princ		Contributor's job title Law Firm	n/Attorney
Contributor's empl	JiHenry Law	Law firm of contributor's	s spouse (if any)
If contributor is a c	child, law firm of parent(s) (if any)		
Date	Full name of contributor  ut-of-state PAC II	D#:)	Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Contributor's princ	ipal occupation	Contributor's job title	
Contributor's empl	oyer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a o	child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## 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)	2	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid	Office Of	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NA	tina (Tina)	C. Har	tmann	3 Filer ID (Ethics	Commission Filers)
1 Date 0 6-2024	5 Payee nar	. Com			,	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add 500 6th	Terry A. Terry A.	Francois	Blvd city; San Fran	state;	Zip Code . 94158
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the t	op of this schedule)	(b) Description	chase for l	Debsite
	(c)	Check if travel outside of Texas. C	omplete Schedule T.	Check if Aust	tin, TX, officeholder living ex	kpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder nam	е	Office sought		Office held
02-06-2024	Payee nar	X, COM				
Amount (\$)  3 2 2 3  Reimbursement from political contributions intended	Payee add	Terry A. Floor	Francoi	SBlvdivi Son Fr	state;	Zip Code A 941-8
PURPOSE OF EXPENDITURE	Adver	(See Categories listed at the	pense	Description  App Pure  Check if Austin	hase for l	Debsite
NAME OF THE OWNER OF THE ADDRESS OF THE OWNER	<u> </u>				till, TX, officeriolider living c	
Complete ONLY if direct expenditure to benefit C/0		ate / Officeholder nam	ne	Office sought		Office held
03-06-2024	Payee nar	Com				
Amount (\$)  \$\frac{1}{2} \frac{2}{3}\$  Reimbursement from political contributions intended	Payee add	Terry A. Floor	Francois	s'Bludoity: SahFro	state;	Zip Code 7 94158
PURPOSE OF EXPENDITURE	Adver	(See Categories listed at the list of the	sense	Description App Put	tin, TX, officeholder living e	Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder nam	ne	Office sought		Office held
	ATTA	CH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS NEE	DED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Ov Polling E: Printing E Salaries/	Expense Wages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME, (A)	0 11-		3 Filer ID (Ethic	s Commission Filers)
3 Christina lina Citartmann DIA						
4 Date 04-06-2024	5 Payee name	ne LOM				
Reimbursement from political contributions intended	Payee ad 500 6th	Terry A, F Floor	Fanco	is Blud <sup>ity;</sup> San F	State;	zip Code 34 94158
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of the HISI NA EXPE	this schedule)	(b) Description  App Pur C	hase-for l	Debsite
	(c)	Check if travel outside of Texas. Comple	te Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office sought		Office held
05-06-2024	Payee na	i COM				
Amount (\$)  Amount (\$)  Reimbursement from political contributions intended	Sbb Cth	Terry A, Fra Floor	ncois		state;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	this schedule)	App Purch	nase for l	Debsite
		Check if travel outside of Texas. Comple	ete Schedule T.		tin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Officeholder name		Office sought		Office held
Date 02-13-2024	Payee na	Pal				
Amount (\$) 529,39 Reimbursement from political contributions intended	Payee ad	N, 187 Stre	et	San Jose	e CA	25131
PURPOSE OF EXPENDITURE		(See Categories listed at the top of	this schedule)	PayPal	Fees	
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Aust	tin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office sought		Office held
	ATTA	ACH ADDITIONAL COPIE	S OF THIS S	SCHEDULE AS NEE	DED	

## 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 Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Gift/Awards/ Legal Service	age Expense /Memorials Expense	Office Ov Polling Ex Printing E Salaries/	erhead/Re kpense kpense Wages/Co	eimbursement ental Expense entract Labor e this form.	Travel In Di Travel Out	tion Equipm istrict Of District	p Expense ent & Related Expense not listed above)
1 Total pages Schedule G:	2 FILER NA	ME		1.1	1		3 Filer II	) (Ethics (	Commission Filers)
3	Chris-	tinall	Tina (	1. Har	the	anh	N	A	Sommission There,
1 Date 06-2024	5 Payee nar	L. CO	m						
Amount (\$) Reimbursement from political contributions intended	7 Payee add 500 ioth	Terl Floz	ry A. Fre	ancois	Bli	d city; San Fr	oncisc	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Adve	rtising	es listed at the top of the	nse	(b) De	Purc	hase	for l	Debsite
	(c)	Check if travel or	tside of Texas. Complet	te Schedule T.		Check if Austi	in, TX, officehold	der living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Office	holder name		Office	sought		(	Office held
Date	Payee nar	me							
Amount (\$)	Payee ad	dress;				City;		State;	Zip Code
Reimbursement from political contributions intended									
PURPOSE OF EXPENDITURE	Category	(See Categori	ies listed at the top of t	this schedule)	De	escription			
EXILIBITORE		Check if travel o	utside of Texas. Comple	te Schedule T		Check if Aust	in, TX, officehole	der living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candid		holder name		Office	sought			Office held
Date	Payee na	me							
Amount (\$)	Payee ad	dress;				City;	St	tate;	Zip Code
Reimbursement from political contributions intended							agasta and a second and a second		
PURPOSE OF EXPENDITURE	Category	(See Categori	ies listed at the top of t	his schedule)	De	escription			
		Check if travel or	utside of Texas. Comple	te Schedule T.	Check if Austin, TX, officeholder living expense				pense
Complete ONLY if direct expenditure to benefit C/OH		date / Office	eholder name		Office	sought		(	Office held
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