

# 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) **N/A**

2 Total pages filed: **5**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mrs.** FIRST **Christina** MI **C**  
NICKNAME **Tina** LAST **Hartmann** SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**P.O. Box 751, Floresville, TX 78114**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(210) 289-5545**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mrs.** FIRST **Christina** MI **C**  
NICKNAME **Tina** LAST **Hartmann** SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**P.O. Box 751 Floresville TX 78114**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(210) 289-5545**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
**07 / 01 / 2024 THROUGH 09 / 26 / 2024**

11 ELECTION

ELECTION DATE: Month Day Year **11 / 05 / 2024**  
ELECTION TYPE:  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any) **Wilson County Court at Law Judge** 13 OFFICE SOUGHT (if known) **Wilson County Court at Law Judge**

14 NOTICE FROM POLITICAL COMMITTEE(S)

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:  GENERAL  SPECIFIC  
COMMITTEE NAME  
COMMITTEE ADDRESS  
COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

**RECEIVED**  
**OCT 07 2024**  
**BY: R. Labus**

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

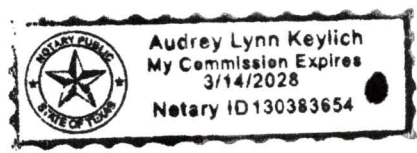
FORM JC/OH  
COVER SHEET PG 2

|   |   |  |
|---|---|--|
| 15. JC/OH NAME<br><i>Christina "Tina" C. Hartmann</i> |   | 16 Filer ID (Ethics Commission Filers)<br><i>N/A</i> |
| 17 CONTRIBUTION TOTALS                                | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <i>0</i>  |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <i>0</i>  |
| EXPENDITURE TOTALS                                    | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <i>0</i>  |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ <i>913.69</i>                                     |
| CONTRIBUTION BALANCE                                  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <i>7,215.58</i>                                   |
| OUTSTANDING LOAN TOTALS                               | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <i>0</i>  |

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.

*Christina Hartmann*  
Signature of Candidate/Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Christina Hartmann* this the *7<sup>th</sup>* day of *October*, 20*24*, to certify which, witness my hand and seal of office.  
*Audrey Keylich* Signature of officer administering oath  
*Audrey Keylich* Printed name of officer administering oath  
*Notary* 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\_\_\_\_\_.  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

|   |  |
|---|--|
| 19 FILER NAME<br><i>Christina "Tina" C. Hartmann</i>  | 20 Filer ID (Ethics Commission Filers)<br><i>N/A</i> |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT                                   |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ <i>0</i>  |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ <i>0</i>  |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ <i>0</i>  |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$ <i>0</i>  |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ <i>0</i>  |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ <i>0</i>  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$ <i>0</i>  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ <i>0</i>  |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS              | \$ <i>913.69</i>                                     |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ <i>0</i>  |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ <i>0</i>  |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i>  |

# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule G:  | <b>2</b> FILER NAME:  | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| 2   | Christina "Tina" C. Hartmann  | N/A   |
| <b>4</b> Date   | <b>5</b> Payee name   |   |
| 07-06-2024  | Wix.com   |   |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address;   | City; State; Zip Code   |
| \$21.23   | 500 Terry A. Francois Blvd<br>6th Floor                                 | San Francisco CA 94158  |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended |   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description  |
|   | Advertising Expense   | App Purchase for Website  |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name   |   | Office sought Office held   |

9 Complete ONLY if direct expenditure to benefit C/OH

|   |  |   |
|---|--|---|
| Date  | Payee name   | City; State; Zip Code   |
| 08-06-2024  | Wix.com  |   |
| Amount (\$)   | Payee address;   | City; State; Zip Code   |
| \$21.23   | 500 Terry A. Francois Blvd<br>6th Floor                      | San Francisco CA 94158  |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended |  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule) | Description   |
|   | Advertising Expense  | App Purchase for Website  |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name   |  | Office sought Office held   |

Complete ONLY if direct expenditure to benefit C/OH

|   |  |   |
|---|--|---|
| Date  | Payee name   | City; State; Zip Code   |
| 09-06-2024  | Wix.com  |   |
| Amount (\$)   | Payee address;   | City; State; Zip Code   |
| \$21.23   | 500 Terry A. Francois Blvd<br>6th Floor                      | San Francisco CA 94158  |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended |  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule) | Description   |
|   | Advertising Expense  | App Purchase for Website  |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name   |  | Office sought Office held   |

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

|  |   |   |
|--|---|---|
| 1 Total pages Schedule G:<br><b>2</b>  | 2 FILER NAME<br><b>Christina "Tina" C. Hartmann</b>   | 3 Filer ID (Ethics Commission Filers)<br><b>N/A</b>                       |
| 4 Date<br><b>08-08-2024</b>  | 5 Payee name<br><b>Floresville ISD Education Foundation</b>   |   |
| 6 Amount (\$)<br><b>\$800.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address;<br><b>1200 5th Street</b>  | City; State; Zip Code<br><b>Floresville TX 78114</b>                      |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br><b>Contributions/Donations made By Candidate/Officeholder</b> | (b) Description<br><b>Gala Table</b>                                      |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought Office held   |

|   |   |   |
|---|---|---|
| Date<br><b>09-19-2024</b>   | Payee name<br><b>Wilson County Republican Women</b>   | City; State; Zip Code<br><b>Floresville TX 78114</b>                      |
| Amount (\$)<br><b>\$50.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address;<br><b>860 Paddy Road</b>   |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Contributions/Donations made By Candidate/Officeholder</b> | Description<br><b>Donation to Silent Auction</b>                          |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held   |

|   |   |   |
|---|---|---|
| Date  | Payee name  | City; State; Zip Code   |
| Amount (\$)   | Payee address;  |   |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)                    | Description   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held   |

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