The C/OH Instruction (	Guide explains how to comple		1 Filer ID (Ethics Commis 00084556		2 Total pages fi	led: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Christina M.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/14/2021	
		Busbee		301117		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
MAILING	279 County Road 109				Receipt #	Amount
ADDRESS						
Change of Address	Uvalde, TX 78801				Date Processed	I
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mr.	Mark E.				
		LAST		SUFFIX		
		Busbee				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO E	BOX PLEASE);	AP	/ SUITE#; CITY	; STA	ATE; ZIP CODE
ADDRESS	279 County Road 109					
(Residence or Business)						
	Uvalde, TX 78801					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER	(210) 857-1094					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (offi	
	X July 15	8th day before e	election $\square$	Exceeded modified	Final Report (Atta	
		00.000	ловаон Ш	reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2021	TH	ROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
	11/03/2020	XG	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	Γ (if known)	
	District Attorney (Multi-cour	nty) District 38	Real &		(Multi-county) Di	strict 38th
	Uvalde	2,			, , , , , , , , , , , , , , , , , , , ,	
	1			<u> </u>		
		COT	ODACE 2			
		GU I	O PAGE 2			

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Busbee, Christina M.	(The Honorable)	<b>14</b> Filer ID (I	Ethics Commission Fil	lers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	REPORTING PE			\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFADAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Honora	able Christina M. Bust	oee	
		Signature of	Candidate or Officehold	der	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath	-

# FORM C/OH COVER SHEET PG 3

			3 of 5				
<b>18</b> FILER NAME Busbee, Chr	18 FILER NAME Busbee, Christina M. (The Honorable)  19 Filer ID 00084556						
	SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00				
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00				
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00				
4. X S	SCHEDULE E: LOANS		\$ 0.00				
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 0.00				
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00				
7. X S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$ 0.00				
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00				
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 0.00				
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR FILER	RETURNED	\$				

PLE	DGED CONTRIBU	TIONS			sc	HEDULE B
Т	he Instruction Guide exp	plains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/5	
2 FILER N		<u> </u>		3	•	on Filers)
<u></u>	Christina M. (The Honorable			_	00084556	
TOTAL	OF UNITEMIZED PLEDG	SES			\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID#	<u> </u>	_) 8		description plicable)
	7 Pledgor Address;	City; State; Zip Code	e			
					Check if travel outside of Texas.	Complete Schedule T.
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Ins	structi	ons)	

	LOANS					SCHEDU	LE E
	The Instruction	on Guide explains how t	to complete this f	orm.	1	ages Schedule E: /1 Rpt: 5/5	
	FILER NAME Busbee, Christin	na M. (The Honorable)			3 Filer ID 00084	(Ethics Commission 556	Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
	Is lender a financial institution?	8 Lender address; Ci	ty; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	s)		
14	Description of Coll  None	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarante	eed (\$)
	not applicable	<b>18</b> Guarantor address; Ci	ty; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	s)		

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00084556		2 Total pages filed: 5	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE	ONLY
OFFICEHOLDER NAME	The Honorable	Christina M.			Date Received	
					ELECTRONICALLY	' FII FD
	NICKNAME	LAST		SUFFIX	01/16/2022	
	INICKINAIVIE	Busbee		SUFFIX	01/10/2022	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date	Postmarked
MAILING	279 County Road 109				Receipt # Am	ount
ADDRESS						
Change of Address	Uvalde, TX 78801				Date Processed	
					Date Imaged	
<b>5</b> 0445404	140 (44D0 (44D					
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Mark E.				
	NICKNAME	LAST Busbee		SUFFIX		
		bushee				
6 CAMPAIGN	STREET ADDRESS (NO PO	DOV DI EASE):		T / SUITE #; CITY;	STATE;	ZIP CODE
TREASURER	279 County Road 109	BOX PLEASE),	AP	1/3011E#, CITT,	STATE,	ZIP CODE
ADDRESS	279 County Road 109					
(Residence or Business)	Uvalde, TX 78801					
	Ovalue, 1x 70001					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(210) 857-1094					
8 REPORT TYPE		<b>7</b>		B "	T 450 4	
1112	X January 15	30th day before	election	Runoff	15th day after campaig appointment (officehold	
	July 15	8th day before 6	election	Exceeded modified	Final Report (Attach C/	OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2021	TH	HROUGH	12/31/202	21	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 11/03/2020	LIP	rimary	Runoff	Other	
	11/03/2020	ΧG	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	District Attorney (Multi-cou	unty) District 38	Uvalde	District Attorney	District 38th	
	-!			•		
		GO T	O PAGE 2			

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Busbee, Christina M.	(The Honorable)	<b>14</b> Filer ID ( 00084556	Ethics Commission Fi	lers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge o	r		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
Ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$	0.00		
CONTRIBUTION BALANCE	REPORTING PE			\$	0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
			ble Christina M. Bush Candidate or Officehold		.		
		Signature of	Candidate of Officerion	uci			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
		aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
			<b>-</b>		_		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

# FORM C/OH COVER SHEET PG 3

				3 01 5			
<b>18</b> FILER NAME Busbee, Chri	18 FILER NAME19 Filer IDBusbee, Christina M. (The Honorable)00084556						
	SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X So	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00			
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X S	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4. X S	CHEDULE E: LOANS		\$	0.00			
5. X S	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	0.00			
6. X S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7. X S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00			
8. X S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9. X S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00			
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS OF FILER	RETURNED	\$				

PLE	DGED CONTRIBU	TIONS			sc	HEDULE B
Т	he Instruction Guide exp	plains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/5	
2 FILER N		<u> </u>		3	•	on Filers)
<u></u>	Christina M. (The Honorable			_	00084556	
TOTAL	OF UNITEMIZED PLEDG	SES			\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID#	<u> </u>	_) 8		description plicable)
	7 Pledgor Address;	City; State; Zip Code	e			
					Check if travel outside of Texas.	Complete Schedule T.
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Ins	structi	ons)	

L	OANS.					SCHEDULE E
Т	he Instructio	on Guide explains ho	ow to complete this f	orm.		ages Schedule E: /1 Rpt: 5/5
	LER NAME usbee, Christir	na M. (The Honorable)				(Ethics Commission Filers)
4		IITEMIZED LOANS			l	\$ 0.00
<b>5</b> Da	ate of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)
fin	lender a nancial stitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate
						11 Maturity Date
<b>12</b> Pr	rincipal occupation	I on / Job title (See Instruction	ons)	13 Employer (See Instruc	tions)	
14 De	escription of Coll	ateral		15 Check if personal fund	s were deposite	d into political account (See Instructions)
	UARANTOR IFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code		
<b>20</b> Pr	rincipal occupation	on		21 Employer (See Instruc	tions)	

The C/OH Instruction (	Guide explains how to compl	lete this form.	1 Filer ID (Ethics Comm 00084556		2 Total pages fi	led: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Christina M.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/21/2022	
	NICKNAIVIE	Busbee		SUFFIX	0.721,2022	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	r / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
MAILING	279 County Road 109				Receipt #	Amount
ADDRESS					Treesipt "	, anount
Change of Address	Uvalde, TX 78801				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Mark E.				
	NICKNAME	LAST		SUFFIX		
		Busbee				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	) BOX PLEASE);	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	279 County Road 109					
(Residence or Business)						
,	Uvalde, TX 78801					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER	(210) 260-2123	NE NOMBER E	ZATENSION			
PHONE	(210) 200-2123					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	mpaign treasurer
		Oth day before	alastian $\Box$	Eveneded modified	appointment (offi	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	acn C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2022	TH	HROUGH	06/30/202		
	01/01/2022			00/00/202	_	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
			Seneral	Special		
			enerai	Бресіаі		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE COLICUT	(if I an a a a an)	
11 OFFICE	OFFICE HELD (if any) District Attorney (Multi-co	unty) District 38	Madina	12 OFFICE SOUGHT	(II KNOWN)	
	Real, & Uvalde	unity) District 30	wicuma,			
		GO T	O PAGE 2			

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Busbee, Christina M.	(The Honorable)	<b>14</b> Filer ID (	(Ethics Commission Fi	lers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge oi	r		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
Ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$	0.00		
CONTRIBUTION BALANCE	REPORTING PE			\$	0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The Honora	able Christina M. Busi	bee			
		Signature of	Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath	-		

# FORM C/OH COVER SHEET PG 3

				3 01 5			
<b>18</b> FILER NAME Busbee, Chri	18 FILER NAME19 Filer IDBusbee, Christina M. (The Honorable)00084556						
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X So	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00			
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X S	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4. X S	CHEDULE E: LOANS		\$	0.00			
5. X S	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	0.00			
6. X S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7. X S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00			
8. X S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9. X S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00			
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS OF FILER	RETURNED	\$				

PLE	DGED CONTRIBU	TIONS			sc	HEDULE B
Т	he Instruction Guide exp	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5				
2 FILER N		<u> </u>		3	•	on Filers)
<u></u>	Christina M. (The Honorable			_	00084556	
TOTAL	TOTAL OF UNITEMIZED PLEDGES				\$	0.00
<b>5</b> Date	6 Full name of pledgor out-of-state PAC (ID#:		<u> </u>	_) 8		description plicable)
	7 Pledgor Address;	City; State; Zip Code	e			
					Check if travel outside of Texas.	Complete Schedule T.
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Ins	structi	ons)	

	LOANS					SCH	EDULE E
	The Instruction	on Guide explains how to	o complete this f	orm.	1	pages Schedule E 1/1 Rpt: 5/5	:
2	FILER NAME Busbee, Christin	na M. (The Honorable)			3 Filer II 0008	D (Ethics Comm	ission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			1	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amou	nt (\$)
6	Is lender a financial institution?	8 Lender address; City	y; State;	Zip Code		10 Interest Rat	e
						11 Maturity Da	te
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions	s)		
14	Description of Coll None	lateral		15 Check if personal funds we	ere deposit	ed into political acc (See Instruc	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Gu	aranteed (\$)
	not applicable	18 Guarantor address; City	/; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instructions	5)		

The C/OH Instruction (	Guide explains how to compl		1 Filer ID (Ethics Commit 00084556		2 Total pages fil	ed: ô
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Christina M.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LACT		CLIEFIV	01/16/2023	
	NICKNAME	LAST Busbee		SUFFIX	01/10/2023	
		busbee				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	279 County Road 109					
ADDRESS					Receipt #	Amount
Change of Address	Uvalde, TX 78801				2 . 2	
	·				Date Processed	
					Date Imaged	
					Date illiageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER	Mr.	Mark E.		1411		
NAME	IVII.	Mark L.				
	NICKNAME	LAST		SUFFIX		
		Busbee				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	/ SUITE#; CITY	; STA	ATE; ZIP CODE
ADDRESS	279 County Road 109					
(Residence or Business)						
	Uvalde, TX 78801					
7 CAMPAIGN	AREA CODE PHON	IE NILIMBED - E	VTENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(210) 260-2123					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after car	mnaign treasurer
		_ court day before		L	appointment (office	ceholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	X Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2022	TH	ROUGH	12/31/202	22	
		_				
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pi	rimary	Runoff	Other	
	11/03/2020	XG	eneral	Special		
				ш .		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	Γ (if known)	
	District Attorney (Multi-cou	inty) District 38	Medina	District Attorney		
	Real, & Uvalde	, 2.00. 00		2.00007.00009	2.01.101.001.1	
		GO T	O PAGE 2			
I						

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Busbee, Christina M.	(The Honorable)	<b>14</b> Filer ID 00084556	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or polit These expenditures may have been r I officeholders are required to report the	nade without the candidate's or offic	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASU	RER NAME					
		COMMITTEE CAMPAIGN TREASU	RER ADDRESS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ( ES OF LOANS, OR CONTRIBUTION:		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	ES OF LOANS)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A RIOD	AS OF THE LAST DAY OF THE	\$ 0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING PERIOD	G LOANS AS OF THE LAST DAY	\$ 0.00				
<b>17</b> AFFIDAVIT			under penalty of perjury, that the ac ind includes all information required ection Code.					
			The Honorable Christina M. Bus	sbee				
			Signature of Candidate or Officeho	older				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
		aid		day				
of	, 20, to co	ertify which, witness my hand and sea	l of office.					
Signature of offi	Signature of officer administering Printed name of officer administering Title of officer administering oath							

# FORM C/OH COVER SHEET PG 3

				3 01 6			
<b>18</b> FILER NAME Busbee, Chris	18 FILER NAME19 Filer IDBusbee, Christina M. (The Honorable)00084556						
20 SCHEDULE SUNAME OF SCH	SUBTOTA	L AMOUNT					
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00			
2. X SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4. X SC	CHEDULE E: LOANS		\$	0.00			
5. X SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	0.00			
6. X SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7. X SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00			
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9. X SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00			
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I O FILER	RETURNED	\$				
			•				

PLE	OGED CONTRIBU	TIONS			SCHEDULE E	3
Т	he Instruction Guide exp	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6				
2 FILER N	AME		3	·		
Busbee,	Christina M. (The Honorable	e)			00084556	
4 TOTAL	TOTAL OF UNITEMIZED PLEDGES				\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID	#:	_) 8		
	7 Pledgor Address;	City; State; Zip Coo	de		pledge (\$) (If applicable)	
					Check if travel outside of Texas. Complete Sched	lule T.
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In	structi	ons)	

AME Christina M. (The open control of UNITEMIZ	he Honorable)	ow to com	plete this fo	orm.	1	ages Schedule E:						
Christina M. (The OF UNITEMIZ					The Instruction Guide explains how to complete this form.  1 Total page Sch: 1/1							
	ZED LOANS					(Ethics Commission Filers)						
pan <b>7</b> Nam						\$ 0.00						
	e of lender		out-of-state PA	C (ID#:	)	9 Loan Amount (\$)						
a 8 Lend	der address;	City;	State;	Zip Code		10 Interest Rate						
						11 Maturity Date						
occupation / Job t	itle (See Instructio	ons)		13 Employer (See Instruction	ns)							
on of Collateral				15 Check if personal funds v	vere deposited	d into political account (See Instructions)						
ITOR 17 Nam	e of guarantor					19 Amount Guaranteed (\$)						
oplicable <b>18</b> Gual	rantor address;	City;	State;	Zip Code								
occupation				21 Employer (See Instruction	ns)							
	a 8 Lend occupation / Job to on of Collateral elitor ITOR ATION opplicable 18 Gua	a 8 Lender address;  occupation / Job title (See Instruction of Collateral editor)  ITOR ATION  18 Guarantor address;	a 8 Lender address; City;  occupation / Job title (See Instructions)  on of Collateral  occupation  17 Name of guarantor  ATION  18 Guarantor address; City;	a 8 Lender address; City; State;  occupation / Job title (See Instructions)  on of Collateral  out-of-state PAG  State;  17 Name of lender  Out-of-state PAG  State;  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  State;  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  State;  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  State;  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  State;  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  Occupation / Job title (See Instructions)  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  Occupation / Job title (See Instructions)	a 8 Lender address; City; State; Zip Code  occupation / Job title (See Instructions)  on of Collateral  other in the control of the control o	a 8 Lender address; City; State; Zip Code  occupation / Job title (See Instructions)  on of Collateral  out-of-state PAC (ID#:						

		FORM C/OH - FR
	The Instruction Guide explains how to complete the ** Complete only if "Report Type" on page 1 is ma	
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)
	Busbee, Christina M. (The Honorable)	00084556
3	SIGNATURE	<b>_</b>
		tures in connection with my candidacy. I understand that designating a report lso understand that I may not accept any campaign contributions or make any on file.
		The Honorable Christina M. Busbee
		Signature of Candidate / Officeholder
_	FILER WHO IS NOT AN OFFICEHOLDER	
	*** Complete A & B below only if you are not an officeholder **  A CAMPAIGN FUNDS  Check only one:  I do not have unexpended contributions or unexpended interest of convert unexpended political contributions or unexpended understand that I must file an annual report of unexpended unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended political contributions and unexpended interest of Election Code 254.204.  B ASSETS  Check only one:  I do not retain assets purchased with political contributions or convert assets purchased with political contributions or interest of the convert assets purchased with political contributions or interest of the convert assets purchased with political contributions or interest.	r income earned from political contributions. I understand that I may not interest or income earned on political contributions to personal use. I also contributions and that I may not retain unexpended contributions or tions longer than six years after filing this report. Further, I understand that I expended interest or income earned on political contributions in accordance
		Signature of Candidate
5	OFFICEHOLDER	
	** Complete this section only if you are an officeholder **	
	also aware that I will be required to file reports of unexpen	icable to an officeholder who does not have a campaign treasurer on file. I am led contributions if, after filing the last required report as an officeholder, I political contributions, or assets purchased with political contributions or
		The Honorable Christina M. Busbee
		Signature of Officeholder

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00084556	sion Filers)	2 Total pages fi	led: 6
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Christina M.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME				07/10/2023	
	NICKNAME	LAST Busbee		SUFFIX	01/10/2023	
		busbee				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	279 County Road 109					
ADDRESS					Receipt #	Amount
Change of Address	Uvalde, TX 78801				Date Processed	
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>I</u>	
TREASURER						
NAME						
	NICKNAME	LAST		SUFFIX		
	INICKNAIVIE	LAST		SUFFIX		
2 0445404	OTDEET ADDRESS (NO. DO	, DOV DI E 40E)	4.5-	/OUTE // OUT		. TE - TE - CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC	BOX PLEASE);	APT	/ SUITE #; CITY	; \$17	ATE; ZIP CODE
ADDRESS						
(Residence or Business)						
7 CAMPAIGN	AREA CODE PHOI	NE NUMBER E	EXTENSION			
TREASURER	AREA CODE PHOI	NE NUMBER E	EXTENSION			
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	mpaign treasurer
		<b>_</b>		_	appointment (offi	
	X July 15	8th day before 6		Exceeded modified reporting limit	X Final Report (Atta	ach C/OH-FR)
				reporting intin		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	IROUGH	06/30/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/03/2020	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	Γ (if known)	
	District Attorney (Multi-co	unty) District 38t	h Uvalde		(Multi-county) Di	strict 38th
		3,		,	, ,,	
	1					
		GO T	O PAGE 2			

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Busbee, Christina M.	(The Honorable)		14 Filer ID 00084556	(Ethics Commission	Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditu s may have been made without equired to report this information	the candidate's or offic	eholder's knowledge	or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
_	GENERAL	COMMITTEE ADD	DECC			
	SPECIFIC	COMMITTEE ADD	RE33			
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)				\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	<b>NS</b> OR GUARANTEES OF LOANS	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
<b>17</b> AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			The Honora	ıble Christina M. Bus	sbee	
			Signature of	Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the	day	
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of offi	cer administering	Printed name	of officer administering	Title of office	er administering oath	_

# FORM C/OH COVER SHEET PG 3

				3 01 0
18 FILER NA	ME	19 Filer ID	(Ethics Commiss	sion Filers)
	Christina M. (The Honorable)	00084556		
20 SCHEDUL NAME OF	SUBTOTAL	AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	0.00
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			ı	

PLE	OGED CONTRIBU	TIONS			SCHEDULE E	3
Т	he Instruction Guide exp	plains how to comp	lete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/6	
2 FILER N	AME			3	·	
Busbee, Christina M. (The Honorable)  TOTAL OF UNITEMIZED PLEDGES					00084556	
					\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID	#:	_) 8		
	7 Pledgor Address;	City; State; Zip Coo	de		pledge (\$) (If applicable)	
					Check if travel outside of Texas. Complete Sched	lule T.
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In	structi	ons)	

AME Christina M. (The OF UNITEMIZED OF TEMPERATE TO THE T	he Honorable)	ow to com	plete this fo	orm.	1	ages Schedule E:
Christina M. (The OF UNITEMIZ					J 5011. ±/	1 Rpt: 5/6
	ZED LOANS					(Ethics Commission Filers)
pan <b>7</b> Nam						\$ 0.00
	e of lender		out-of-state PA	C (ID#:	)	9 Loan Amount (\$)
a 8 Lend	der address;	City;	State;	Zip Code		10 Interest Rate
						11 Maturity Date
occupation / Job t	itle (See Instructio	ons)		13 Employer (See Instruction	ns)	
on of Collateral				15 Check if personal funds v	vere deposited	d into political account (See Instructions)
ITOR 17 Nam	e of guarantor					19 Amount Guaranteed (\$)
oplicable <b>18</b> Gual	rantor address;	City;	State;	Zip Code		
occupation				21 Employer (See Instruction	ns)	
	a 8 Lend occupation / Job to on of Collateral elitor ITOR ATION opplicable 18 Gua	a 8 Lender address;  occupation / Job title (See Instruction of Collateral editor)  ITOR ATION  18 Guarantor address;	a 8 Lender address; City;  occupation / Job title (See Instructions)  on of Collateral  occupation  17 Name of guarantor  ATION  18 Guarantor address; City;	a 8 Lender address; City; State;  occupation / Job title (See Instructions)  on of Collateral  out-of-state PAG  State;  17 Name of lender  Out-of-state PAG  State;  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  State;  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  State;  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  State;  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  State;  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  Occupation / Job title (See Instructions)  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  Occupation / Job title (See Instructions)  On of Collateral  out-of-state PAG  Occupation / Job title (See Instructions)	a 8 Lender address; City; State; Zip Code  occupation / Job title (See Instructions)  on of Collateral  other in the control of the control o	a 8 Lender address; City; State; Zip Code  occupation / Job title (See Instructions)  on of Collateral  out-of-state PAC (ID#:

		FORM C/OH - FR
	The Instruction Guide explains how to complete this form.  ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 6 of 6
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)
	Busbee, Christina M. (The Honorable)	00084556
3	SIGNATURE	
	I do not expect any further political contributions or political expenditures in connection with my candi as a final report terminates my campaign treasurer appointment. I also understand that I may not accampaign expenditures without a campaign treasurer appointment on file.	
	The Honorable	Christina M. Busbee
		andidate / Officeholder
_		
4	FILER WHO IS NOT AN OFFICEHOLDER  ** Complete A & B below only if you are not an officeholder **	
	A CAMPAIGN FUNDS	
	Check only one:	
	I do not have unexpended contributions or unexpended interest or income earned from politi	ical contributions
	I have unexpended contributions or unexpended interest or income earned from political corconvert unexpended political contributions or unexpended interest or income earned on political understand that I must file an annual report of unexpended contributions and that I may not unexpended interest or income earned on political contributions longer than six years after fi must dispose of unexpended political contributions and unexpended interest or income earn with the requirements of Election Code 254.204.	tical contributions to personal use. I also retain unexpended contributions or iling this report. Further, I understand that I
	B ASSETS	
	Check only one:	
	I do not retain assets purchased with political contributions or interest or other income from p	political contributions.
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in accordance 254.204.	ll contributions to personal use. I also
	Signatur	e of Candidate
	Signatur	c oi Canuluate
5	OFFICEHOLDER  ** Complete this section only if you are an officeholder **	
	** Complete this section only if you are an officeholder **	
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from political contributions, or assets p interest or other income from political contributions.	last required report as an officeholder, I
		Christina M. Bushas
		Christina M. Busbee
	Signature	e of Officeholder

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commit 00084556		2 Total pages fil	ed: S
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Christina			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/06/2024	
		Mitchell				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	279 County Road 109				Receipt #	Amount
Change of Address	Uvalde, TX 78801					
	Ovalde, 17, 70001				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER NAME	Mr.	Leonard D.				
	NICKNAME	LAST		SUFFIX		
	TVIORIV IVIE	Tomasini		301117		
		Tomasını				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX DI EASE).	ΔΡ	/ SUITE #; CITY	/· ST/	ATE; ZIP CODE
TREASURER ADDRESS	279 County Road 109	BOXT ELAGE),	Al	7 3011E #, CIT	, 317	ATE, ZII CODE
(Residence or Business)						
	Uvalde, TX 78801					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER	(210) 260-2123					
PHONE	(===, =================================					
8 REPORT TYPE	X January 15	30th day before	e election	Runoff	X 15th day after car	mpaign treasurer
				-	appointment (office	ceholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/20	)23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024		eneral	Special	<u> </u>	
		XIG	cherai	Борески		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	IT (if known)	
	District Attorney (Multi-cou	unty) District 38	Uvalde	District Attorne	y District 38th	
	1					
		ടവ T	O PAGE 2			
		GO 1	O FAGE Z			

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Mitchell, Christina (The Honorable)  14 Filer ID (I 00084556			(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expe These expenditures may have been made with officeholders are required to report this inform	out the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	1E	
		COMMITTEE CAMPAIGN TREASURER ADD	RESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER SES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LC	ANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 1,200.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	HE LAST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	es all information required	
		The H	onorable Christina Mitch	nell
			re of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath

# FORM C/OH COVER SHEET PG 3

				3 01 0
18 FILER NA	ME	19 Filer ID	(Ethics Commis	sion Filers)
Mitchell, (	_			
20 SCHEDUL NAME OF	SUBTOTA	L AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	4. X SCHEDULE E: LOANS			
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6. X	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,200.00
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				
			1	

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this	orm.  1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6
2 FILER NAME Mitchell, Christina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084556
4 TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgorout-of-state PAC (ID#:  7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$)   9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) 11 Emp	Check if travel outside of Texas. Complete Schedule T.
== Emp	yer (See instructions)

LO	ANS					SCHEDULE	E
The	Instruction	n Guide explains h	ow to complete this	form.		ages Schedule E: /1 Rpt: 5/6	
	R NAME hell, Christin	na (The Honorable)			3 Filer ID 00084	(Ethics Commission Fil	ers)
4 TO1	ΓAL OF UN	IITEMIZED LOANS			<b>'</b>	\$	0.00
<b>5</b> Date	of loan	7 Name of lender	out-of-state P	AC (ID#:		9 Loan Amount (\$)	
finan	nder a icial ution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 Princ	cipal occupation	on / Job title (See Instructi	ions)	13 Employer (See Instru	ctions)	•	
_	cription of Coll	ateral		15 Check if personal fun	ds were deposite	d into political account (See Instructions)	
	RANTOR DRMATION	17 Name of guarantor				19 Amount Guaranteed	(\$)
☐ r	not applicable	<b>18</b> Guarantor address;	City; State;	Zip Code			
20 Princ	cipal occupation	on		21 Employer (See Instru	ctions)	•	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 6/6 Mitchell, Christina (The Honorable) 00084556 Date Payee name 11/11/2023 Mitchell, Christina (Ms.) 6 Amount (\$) Payee address; State; Zip Code \$1,200.00 279 County Road 109 Reimbursement from political contributions intended Uvalde, TX 78801 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Filing Fee for office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commiss 00084556	sion Filers)	2 Total pages filed: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Christina			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/07/2024
	MCKNAME	Mitchell		JUFFIX	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	279 County Road 109				Receipt # Amount
ADDRESS					The section of the se
Change of Address	Uvalde, TX 78801				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Mr.	Leonard D.			
	NICKNAME	LAST		SUFFIX	
		Tomasini			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	279 County Road 109				
(Residence or Business)					
	Uvalde, TX 78801				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION		
TREASURER	(210) 260-2123		_,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PHONE	(210) 200 2120				
8 REPORT					
TYPE	January 15	30th day before	e election	Runoff	
	X July 15	8th day before	election	Exceeded modified	appointment (officeholder only)  Final Report (Attach C/OH-FR)
		our day before		reporting limit	Tillal Report (Allacii G/OTFI R)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2024	TH	HROUGH	06/30/2024	
				20,00,00	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	XP	rimary	Runoff	Other
	03/05/2024		Seneral	Special	_
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)
III OFFICE	District Attorney (Multi-cou	untv) District 38	Real &	District Attorney	
	Uvalde	,,			
		CO 7	TO DACE 2		
		GO 1	O PAGE 2		

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Mitchell, Christina (The Honorable)  14 Filer ID (00084556			(Ethics Commission Fi	ilers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	eholder's knowledge o	r	
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME				
_	GENERAL					
	CDECIEIO	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$	0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	\$	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00	
<b>17</b> AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.				
		The Hono	orable Christina Mitch	nell		
		Signature o	f Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
of	, 20, to co	ertify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath	_	

# FORM C/OH COVER SHEET PG 3

				3 01 5	
18 FILER NAME Mitchell, Chri	(Ethics Commis	ssion Filers)			
20 SCHEDULE S NAME OF SCI	SUBTOTA	AL AMOUNT			
1. X S	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3. X S	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4. X S	4. X SCHEDULE E: LOANS				
5. X S	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
6. X S	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. X S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00	
8. X S	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9. X S	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			0.00	
10. S	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

PLEC	OGED CONTRIBUTION	ONS			SCHEDULE B
The Instruction Guide explains how to complete this form.  2 FILER NAME Mitchell, Christina (The Honorable)					Total pages Schedule B: Sch: 1/1 Rpt: 4/5
					Filer ID (Ethics Commission Filers) 00084556
<u></u>					\$ 0.0
<b>5</b> Date	6 Full name of pledgor  7 Pledgor Address;	<u> </u>			Amount of pledge (\$)
			T	[	Check if travel outside of Texas. Complete Schedule
10 Principal	occupation / Job title (See Instruction	ns)	11 Employer (See Instr	ructi	ions)

LOAN	S	SCHEDULE E
The Ins	ruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5
2 FILER NA Mitchell,	ME Christina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084556
4 TOTAL	OF UNITEMIZED LOANS	\$ 0.00
5 Date of loa	n 7 Name of lender out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial institution?		Zip Code 10 Interest Rate
		11 Maturity Date
12 Principal o	ccupation / Job title (See Instructions) 13 Emp	nployer (See Instructions)
14 Descriptio	of Collateral 15 Che	neck if personal funds were deposited into political account (See Instructions)
16 GUARAN INFORMA		19 Amount Guaranteed (\$)
not app	licable 18 Guarantor address; City; State; Zip	Cip Code
20 Principal o	ccupation 21 Emp	nployer (See Instructions)

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00084556		2 Total pages filed: 5	
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	The Honorable	Christina			Date Received	
					ELECTRONICALLY FILED	
	NICKNAME			CULTIV	01/13/2025	
	NICKNAME	LAST Mitchell		SUFFIX	01/10/2020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked	
MAILING	279 County Road 109				Receipt # Amount	
ADDRESS					, and an	
Change of Address	Uvalde, TX 78801				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Leonard D.				
	NICKNAME	LAST		SUFFIX		
		Tomasini				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY;	STATE; ZIP CODE	
ADDRESS	279 County Road 109					
(Residence or Business)						
,	Uvalde, TX 78801					
7 CAMPAIGN	AREA CODE PHON	JE NUMBER E	EXTENSION			
TREASURER	(210) 260-2123	NE NOWBER E	EXTENSION			
PHONE	(210) 200-2123					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer	
					appointment (officeholder only)	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)	
0 DEDIOD	Month Day Year			Month Day	Voor	
9 PERIOD COVERED	Month Day Year 07/01/2024	TH	IROUGH	Month Day 12/31/202	Year 4	
	07/01/2024		11.00011	12/31/202	· <del>·</del>	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	Month Day Year		rimary	Runoff	Other	
	11/05/2024		-			
		XIG	eneral	Special		
44 055155	055105 1:5: 5 %			40 00000 5000		
11 OFFICE	OFFICE HELD (if any)	intial District 20	Dool 9	12 OFFICE SOUGHT		
District Attorney (Multi-county) District 38 Real & District Uvalde			District Attorney	(Multi-county) District 38th		
	GO TO PAGE 2					

### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Mitchell, Christina (The Honorable)  14 Filer ID 00084556			Ethics Commission File	ers)
15 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.				
Additional Pages	COMMITTEE TYPE COMMITTEE NAME				
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$			<b>\$</b> 0	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 0	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$				0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0	0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		under Title 15, Election Code.			
		The Hono	rable Christina Mitche	<u> </u>	
		Signature of	Candidate or Officehold	ler	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath	

# FORM C/OH COVER SHEET PG 3

				3 01 5
18 FILER NAME Mitchell, Chri	8 FILER NAME Mitchell, Christina (The Honorable)  19 Filer ID 00084556			
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUBTOTA	AL AMOUNT
1. X S	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2. X S	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3. X S	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4. X S	4. X SCHEDULE E: LOANS			0.00
5. X S	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			0.00
6. X S	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7. X S	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			0.00
8. X S	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9. X S	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			0.00
10. S	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11. S	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

PLEC	OGED CONTRIBUTION	ONS			SCHEDULE B
The Instruction Guide explains how to complete this form.  2 FILER NAME Mitchell, Christina (The Honorable)				1	Total pages Schedule B: Sch: 1/1 Rpt: 4/5
				3	Filer ID (Ethics Commission Filers) 00084556
<u></u>	OF UNITEMIZED PLEDGES	;		$\dagger$	\$ 0.0
<b>5</b> Date	6 Full name of pledgorout-of-state PAC (ID#:				Amount of pledge (\$) In-kind description (If applicable)
			1	] [	Check if travel outside of Texas. Complete Schedule
10 Principal	occupation / Job title (See Instruction	ns)	11 Employer (See Instru	ucti	ions)

LOAN	S	SCHEDULE E
The Ins	ruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5
2 FILER NA Mitchell,	ME Christina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084556
4 TOTAL	OF UNITEMIZED LOANS	\$ 0.00
5 Date of loa	n 7 Name of lender out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial institution?		Zip Code 10 Interest Rate
		11 Maturity Date
12 Principal o	ccupation / Job title (See Instructions) 13 Emp	nployer (See Instructions)
14 Descriptio	of Collateral 15 Che	neck if personal funds were deposited into political account (See Instructions)
16 GUARAN INFORMA		19 Amount Guaranteed (\$)
not app	licable 18 Guarantor address; City; State; Zip	Cip Code
20 Principal o	ccupation 21 Emp	nployer (See Instructions)