FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085753 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Christine NAME Date Received **ELECTRONICALLY FILED** 06/28/2024 NICKNAME LAST **SUFFIX** Vasquez Hortick CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Minnie NAME NICKNAME LAST **SUFFIX** Abrego-Sanchez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 862-1084 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 225 Bexar

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Vasquez Hortick, Ch	(Ethics Commission Filers)								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	al expenditures made by political c de without the candidate's or offici information only if they receive no	eholder's knowledge or							
Additional Pages	Additional Pages COMMITTEE TYPE COMMITTEE NAME GENERAL									
	SPECIFIC									
	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS							
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00						
	2. TOTAL POLIT	\$ 0.00								
EXPENDITURE	(OTHER THAN 3. TOTAL UNITEM	. 0.00								
TOTALS		\$ 0.00								
	4. TOTAL POLIT	\$ 4,205.68								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 34,857.11								
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOF	\$ 0.00								
17 AFFIDAVIT										
			nder penalty of perjury, that the ac includes all information required t ion Code.							
		The I	Honorable Christine Vasquez	Hortick						
	lder									
AFFIX NOT	TARY STAMP / SEAL AB	OVE								
Sworn to and subso	ribed before me, by the s	aid	, this the	day						
		ertify which, witness my hand and seal of								
Signature of offic	er administering oath	Printed name of officer administeri	ng oath Title of office	r administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 9							
18 FILER NA Vasquez	ME Hortick, Christine (The Honorable)	19 Filer ID 00085753	(Ethics Commission Filers)							
l	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE									
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$								
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$								
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$							
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 4,085.68							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$								
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 120.00								
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$								
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	\$								

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 4/9	Vasquez Hortick, Christine (The Honorable) 00085753
4	Date	5 Payee name
l	05/21/2024	Bexar County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$150.00	1844 Fredericksburg Rd.
l		, and the second
		San Antonio, TX 78201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Candidate/Officeholder/Political Committee
l		Sponsorship
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	1
F	Date	Payee name
l	02/01/2024	El Padrino Pantry
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$175.00	128 Castillo
l	Ψ175.00	120 Gastillo
		San Antonio, TX 78210
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
l		Donation
l		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	1
Γ	Date	Payee name
	03/18/2024	Metalpromo
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$2,641.30	1700 Lamar Blvd. Suite 338-M
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
l	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Fiesta Medals
$ldsymbol{f eta}$		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 5/9	Vasquez Hortick, Christine (The Honorable) 00085753
4	Date	5 Payee name
	03/11/2024	North East Bexar County Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O. Box 700766
		San Antonio, TX 78270
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2024	North East Bexar County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	P.O. Box 700766
	Ψ10.00	1.0. 56% 100100
		San Antonio, TX 78270
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		LVEIL FICKEL
	Operation ONE Wife disease	Open Fields (Office health and an annual state of the seconds)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	02/01/2024	Northwest Bexar County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O.Box 681911
		San Antonio, TX 78268
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sponorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mittee I	_egal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed a	above)
				The Instruction G	uide expiains n	ow to co	mpie	ete tnis form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 3/4 Rpt: 6/9		-	rtick, Christine	(The Honora	able)				00085753		
4	Date	5	Payee name									
	02/20/2024	:	Salazar, Jav	ier								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$51.25		P.O. Box 83	0679								
		;	San Antonio	. TX 78283								
8	PURPOSE	├					(h)	Description				
ľ	OF			e Categories listed at S/Donations M		dule)	(5)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			fficeholder/Pol		ttee		브		officeholder livin	•	
								Event Donation	on			
9	Complete ONLY if direct	С	andidate/Offic	eholder name	Ot	ffice sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н					•					
_	Date		Payee name									
	01/03/2024	l	Texas Bar F	oundation								
		_				7: 0						
	Amount (\$)	l	Payee addres	-	State;	Zip Co	ae					
	\$250.00		515 Congres	SS								
		/	Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Dues	-	·	ĺ		Check if travel	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITORE							ш		officeholder livin	ig expense	
								Membership	Du	es		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Ot	ffice sou	ght			Office h	ield	
	experiditure to beliefit C/O											
	Date		Payee name									
	02/05/2024		USPS									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$170.00	:	1107 Austin	HWY								
			San Antonio	TX 78209								
	PURPOSE	_				Ī	(h)	Description				
	OF			e Categories listed at		dule)	(D)	Description Check if travel	nutsi	de of Texas, Cor	nplete Schedule T.	
	EXPENDITURE	'	Office Over	ead/Rental Ex	pense			<u></u>		officeholder livin		
								P.O. Box fee				
	Complete ONLY if direct	C	andidate/Offic	eholder name	Ot	ffice sou	ght			Office h	ield	
	expenditure to benefit C/OI				0.		J -					
<u> </u>												

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, . I Co	mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/4 Rpt: 7/9			Hortick, Christine (The Honor	able)			00085753	
4	Date	5	Payee name	 e						
	02/15/2024		Vistaprint							
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Code				
	\$28.13		100 Hayde	en Ave.						
			Lexington,	MA 02421						
8	PURPOSE	(a)		See Categories listed at th	e top of this sch	edule) (b)	Description			
	OF EXPENDITURE		checks				_		ide of Texas. Comp	
							checks	11, 1 A	, officeholder living	expense
							Oncono			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	fficeholder name	C	Office sought			Office he	eld
	experialitate to beliefit C/OI	<u>'</u>								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F G nittee L	vent Expense ees ood/Beverage Expense iift/Awards/Memorials E egal Services The Instruction Guid	xpense	Office Ov Polling Ex Printing E Salaries/	xpense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2 F	ILER NAME					3	Filer ID (Ethics Commission Filers)		
	Sch: 1/2 Rpt: 8/9	V	/asquez Hor	tick, Christine (7	The Honora	able)			00085753		
4	Date	5 P	Payee name								
	01/08/2024	N	North East B	exar County De	mocrats						
6	Amount (\$) \$20.00	l	Payee address; City; State; Zip Code P.O. Box 700766								
	Reimbursement from political contributions intended	S	San Antonio,	TX 78270							
8	PURPOSE	(a) C	Category (See	Categories listed at the	top of this sche	edule)	(b) Description	Cł	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE			s/Donations Mad fficeholder/Politi		ittee	Monthly Donation		neck if Austin, TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	lidate/Officeho	older name			Office sought		Office held		
	Date	Р	Payee name								
	02/08/2024	N	North East B	exar County De	mocrats						
	Amount (\$)	Р	ayee address	s; City;	State;	Zip Co	ode				
	\$20.00	F	P.O. Box 700	766							
	Reimbursement from political contributions intended	S	San Antonio,	TX 78270							
	PURPOSE OF	C	Category (See	Categories listed at the	top of this sche	edule)	Description	= -	neck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE			s/Donations Mad fficeholder/Politi		ittee	Monthly Contribu		neck if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate/Officeho	older name			Office sought		Office held		
	Date	Р	Payee name								
	03/08/2024	N	North East B	exar County De	mocrats						
	Amount (\$) \$20.00	l	Payee address P.O. Box 700		State;	Zip Co	ode				
	Reimbursement from political contributions intended	S	San Antonio,	TX 78270							
	PURPOSE OF	l	• • • • • • • • • • • • • • • • • • • •	Categories listed at the	•	edule)	Description	=	neck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE			s/Donations Mad fficeholder/Politi		ittee	Monthly Contribu	_	neck if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate/Officeho	older name			Office sought		Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
L	Sch: 2/2 Rpt: 9/9	Vasquez Hortick, Christine (The Honorable) 00085753	
4	Date	5 Payee name	
	04/08/2024	North East Bexar County Democrats	
6	Amount (\$)	7 Payee address; City; State; Zip Code P.O. Box 700766	
	\$20.00	F.O. BUX 700/00	
	political contributions intended	San Antonio, TX 78270	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin TX efficiency (See Categories listed at the top of this schedule)	Γ.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Monthly Contribution Check if Austin, TX, officeholder living expense Monthly Contribution	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/08/2024	North East Bexar County Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	P.O. Box 700766	
	Reimbursement from political contributions intended	San Antonio, TX 78270	
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule 1 Check if travel outside of Texas. Complete Schedule 1 Check if travel outside of Texas.	Г.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Monthly Contribution Check if Austin, TX, officeholder living expense Monthly Contribution	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/08/2024	North East Bexar County Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	P.O. Box 700766	
	Reimbursement from political contributions intended	San Antonio, TX 78270	
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule 1 Check if Austin TX effects like a complete Schedule 1	Г.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Monthly contribution Check if Austin, TX, officeholder living expense Monthly contribution	
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	