

**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) 00066444	2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable Christopher B.			FIRST MI .....	OFFICE USE ONLY	
	NICKNAME Chris	LAST Martin	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;  <b>REDACTED PER 254.0313, GOV'T CODE</b>			ZIP CODE	Date Hand-delivered or Date Postmarked	
					Receipt # <input type="text"/> Amount <input type="text"/>	
					Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST .....	MI			
	NICKNAME .....	LAST Martin	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);  <b>REDACTED PER 254.0313, GOV'T CODE</b>		APT / SUITE #;	CITY;	STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 267-5777	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
THROUGH						
10 ELECTION	ELECTION DATE Month 03/03/2026		ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) District Judge District 294			12 OFFICE SOUGHT (if known) District Judge District 294		

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

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<b>13 C / OH NAME</b>	Martin, Christopher B. (The Honorable)		<b>14 Filer ID</b>	(Ethics Commission Filers)
		00066444		
<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.			
	<b>COMMITTEE TYPE</b> <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 5,200.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>			\$ 1,500.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 3,954.44
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0.00
<b>17 AFFIDAVIT</b>				
<p>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.</p> <hr/> <p style="text-align: right;">The Honorable Christopher B. Martin</p> <hr/> <p style="text-align: right;">Signature of Candidate or Officeholder</p>				
AFFIX NOTARY STAMP / SEAL ABOVE				
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>				
<hr/> Signature of officer administering oath		<hr/> Printed name of officer administering oath		<hr/> Title of officer administering oath

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

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<b>18</b> FILER NAME Martin, Christopher B. (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00066444
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 5,200.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,500.00	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/9
<b>2</b> FILER NAME Martin, Christopher B. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066444
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baugh, Kathy ..... <b>6</b> Contributor address; City; State; Zip Code  Canton, TX 75103	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Business		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dutton , David ..... Contributor address; City; State; Zip Code  Ben wheeler, TX 75754		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Business		Contributor's Job Title Business
Contributor's employer/law firm Dutton		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Cristy ..... Contributor address; City; State; Zip Code  Canton, TX 75103		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Business owner		Contributor's Job Title Owner
Contributor's employer/law firm Elliott law firm		Law firm of contributor's spouse (if any) Elliott Law Firm
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/9
<b>2</b> FILER NAME Martin, Christopher B. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066444
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grey, Amanda <b>6</b> Contributor address; City; State; Zip Code  Copell , TX 75019	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Business owner		<b>9</b> Contributor's Job Title Owner
<b>10</b> Contributor's employer/law firm Grey balloons		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Julie  Contributor address; City; State; Zip Code  Canton, TX 75103		Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation Education		Contributor's Job Title Teacher
Contributor's employer/law firm School district		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Bryan  Contributor address; City; State; Zip Code  Canton, TX 75103		Amount of Contribution (\$)  \$450.00
Contributor's Principal Occupation Business owner		Contributor's Job Title Owner
Contributor's employer/law firm Irwin landscaping		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/9
<b>2</b> FILER NAME Martin, Christopher B. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066444
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Rick ..... <b>6</b> Contributor address; City; State; Zip Code  Wills point, TX 75169	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Contributor's Principal Occupation Business owner		<b>9</b> Contributor's Job Title Business owner
<b>10</b> Contributor's employer/law firm Insurance		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025 ..... Contributor address; City; State; Zip Code  Canton, TX 75103		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025 ..... Contributor address; City; State; Zip Code  Wills point, TX 75169		Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Business owner		Contributor's Job Title President
Contributor's employer/law firm Mitchell oil		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/9
<b>2</b> FILER NAME Martin, Christopher B. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066444
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruitt, Kenneth ..... <b>6</b> Contributor address; City; State; Zip Code  Canton, TX 75103	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Business owner		<b>9</b> Contributor's Job Title Owner
<b>10</b> Contributor's employer/law firm Dynamic enterprises		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Julie ..... Contributor address; City; State; Zip Code  Canton, TX 75103		Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Julie stern law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidwell, Dean ..... Contributor address; City; State; Zip Code  Canton, TX 75103		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Banker		Contributor's Job Title President
Contributor's employer/law firm Citizens national		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/9
<b>2</b> FILER NAME Martin, Christopher B. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066444
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Josh ..... <b>6</b> Contributor address; City; State; Zip Code  Canton, TX 75103	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Contributor's Principal Occupation Business owner		<b>9</b> Contributor's Job Title Owner
<b>10</b> Contributor's employer/law firm Epic		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 12/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoubi, Joe ..... <b>Contributor address; City; State; Zip Code</b>  Canton, TX 75103	<b>Amount of Contribution (\$)</b> \$1,000.00
<b>Contributor's Principal Occupation</b> Business owner		<b>Contributor's Job Title</b> Owner
<b>Contributor's employer/law firm</b> Dukes		<b>Law firm of contributor's spouse (if any)</b>
If contributor is a child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 9/9	2 FILER NAME Martin, Christopher B. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066444	
4 Date 11/28/2025	5 Payee name Vzcrp		
6 Amount (\$) \$1,500.00	7 Payee address; City; P.O. Box 202  Canton, TX 75103		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held