CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

The C/OH Instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME

MS MR FIRST MI

Christene. Chadwick-

NICKNAME LAST SUFFIX

Moss

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5625 Eisenhower Dr

Fort Worth, Tx 76112

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 944-80 3

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Franklin D

NICKNAME LAST SUFFIX

Moss Jr

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2333 Jenson Cir

Fort Worth Tx 76112

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 802 2645

9 REPORT TYPE

☒ January 15 | 30th day before election | Runoff | 15th day after campaign treasurer appointment (Officeholder Only)

☐ [illegible] | ☐ [illegible] | ☐ Exceeded $500 limit | Final Report (Attach C/OH - FB)

OFFICE USE ONLY

Date Received

RECEIVED

JAN 19 2016

of Education

Date Postmarked

1-19-16

Receipt # Amount $

rocessed 9-16

16

3

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

[redacted]

Christene Maddrick Moss 1988

Asst

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Christene Chadwick Moss

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS

	1 NAME OF SCHEDULE	$ AMOUNT
[redacted]		$
[redacted]		$
[redacted]		$ 334.00
6		

2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	SCHEDULE E: LOANS	
11		
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1:

2 FILER NAME
Christene Chadwick Moss

3 Filer ID (Ethics Commission Filers)

4 Date
11-23-15

5 Payee name
Well Fargo

6 Amount ($)

7 Payee address; City; State; Zip Code
6707 Brentwood Stair Rd FtWorth Tx 76112

PURPOSE OF EXPENDITURE

(a) Categ

9 Complete ONLY if direct expenditure to benefit C/OH

/ Officeholder name | Office sought | Office held

Date

Payee name
Center - Bri e look

Amount ($)
200

Payee address; City; State; Zip Code
4910 Dunbar St Ft Worth Tx 76105

PURPOSE OF EXPENDITURE

PURPOSE OF EXPENDITURE