## CANDIDATE / OFFICEHOLDER CAMPAIGNET ANCE TEPORT

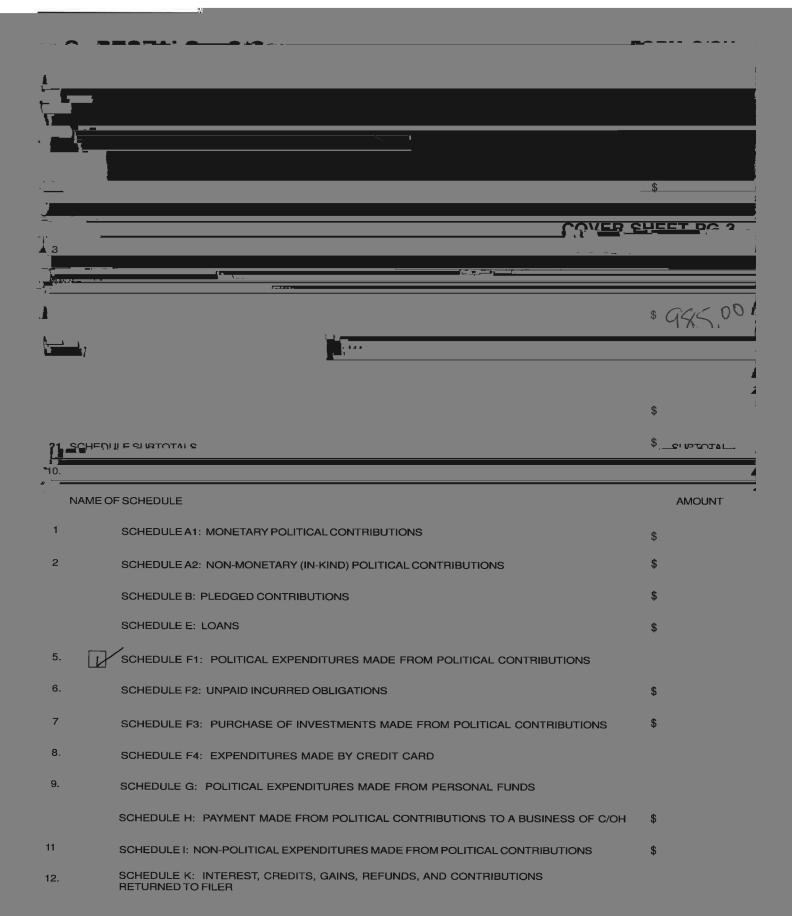
### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR FIRST  Christen  NICKNAME  NICKNAME	SUFFIX	OFFICE USE ONLY  Date Received  RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	
Change of Address	F.f	76112	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION  3.3	Sauca Litter  Date Postmarked  3-11 PM
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TREASURER NAME	MOSS NEKNAMF N.K.	I'M MOSS JY	Date Processed
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7 CAMPAIGN TREASURER ADDRESS	2333 SOY		ZIP CODE
(Residence or Business)	Fort Worth T	X 76112	
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## CA DD E/OFF CE OLDER CA G F A CE EPORT

#### FORM C/OH COVER SHEET PG 2

14 C/ 15 Filer ID (Ethics Commission Filers) 16 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO **POLITICAL** SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S COMMITTEE(S) OF SUCH EXPENDITURES. COMMITTEE TYPE NAME □ SBECIEIO



	CAL EXPE D TURES	SCHEDIII F
171		
<b>4</b> .D	hristene. Chadwick Moss	

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	5 Payee name	Breakfast for youth			
6 Amount (\$)	7 Payee address; City; State; Zip Code	usiness & Prol Whome			
8	(a) Category (See instructions for examples of acceptable	(b) Description			
PURPOSE OF EXPENDITURE	alb 29 Sarah Jane	n Ft Worth 7x 76/19			
Amount (\$) 22/16	Payee address; City; State; Zip Code	<b>.</b>			
PURPOSE (00) EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information			
	Fees				
Amount (\$)	Payee address; City; St ; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	(See instructions regarding type of information required.)			
Date	Payee name	fluni			
Amount (\$)	Payee address;				

of acceptable

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Category (See instructions for

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## NO -POLITCAL EXPE DITURES

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**SCHEDULE** 

The Instruction Guide explains how to complete this form. 00 5 P 6 Amount (\$) City; State; Zip Code Blvd, 76104 8 (a) Category (See instructions for examples of acceptable (b) (See instructions regarding type of information PURPOSE categories.) requ OF **EXPENDITURE** Amount (\$) Payee address; City; State; Zip Code Center Long Crokett Category (See instructions for examples of acceptable Description (See instructions type of information **PURPOSE** categor required.) OF **EXPENDITURE** Date Payee name Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See instructions for examples of acceptable categories.)

 $\label{eq:Description} \textbf{Description} \ \ \textbf{(See instructions regarding type of information required.)}$ 

# POL T CAL EXPE D TURES ADE FRO POL T CAL CONTR BUT ONS

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Agrounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
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3/16			
<u>7</u>	Payee address; City; St	rate; Vio Code	
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