CANDIDATE / OFF CE OLDER CA PAG F A CEREPORT

FORM C/OH COVER SHEET PG 1

7	The C/OH Instruction G	uido ovalaino hove to		1 Filer ID (Ethics Commission Filers	s) 2 Total pages filed:
ľ	The C/OH Instruction G	uide explains now to	complete this form.		
	CANDIDATE / OFFICEHOLDER	М	FIRST	MI	OFFICE USE ONLY
	NAME	ri.	stene		Date Received
		NICKNAME	LAST	SUFFIX	
		Y	Y 1 0 5 5		
	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #; CIT	, A	
	MAILING	FINS	Gisenhou	ner Dr	
1	ADDRESS	1022		1.6	Board of Education
					by Lowa Gitton
7	14				
AL	14 3				1
1	and .			A	· ·
_					
	<u> </u>				
- /	A				· !
	•				
	CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	D Date Postmarked
	PHONE	(817)	944-80	33	D Date Postillarked
	CAMPAIGN	MS / MRS / MR)	7 FIRST	MI	Receipt # Amount \$
	TREASURER NAME	7.	tran Klin		Date Processed
		NICKNAME	LAST	SUFFIX	Date Imaged
			Moss I	7 1	1-16-18
	CAMPAIGN TREASURER		O PO BOX PLEASE); APT / SUIT		ZIP CODE
	ADDRESS		d Jenso		
(R	esidence or Business)	Fort	Worth TX	76112	
	CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(281)	802 -	2645	
		001		•	
9	REPORT TYPE	January 15	30th day before elec	tion Runoff	15th day after campaign
		7			treasurer appointment (Officeholder Only)
		July 15	8th day before election	on Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10	PERIOD COVERED	Month	Day Year	Montl /	h Day Year

14 C/OH NAME	£♥ ₹ ⊆
NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO
<u> </u>	COMMITTEE TYPE
	<u>U</u> raénam.
CA I. G	FNA CE EPORT COVER SHEET PG 2
	15 Filer ID (Ethics Commission Filers)
, <u> </u>	
* /**	
	COMMITTEE NAME /
[]	Christene Chadwid Moss
	COMMITTEE ADDRESS 5625 Eisenhower Dr
	Ft Worth TX 76112
·	
\ <u>\</u>	<u> </u>
COMMITTEE(S)	OF SUCH EXPENDITURES.
·– <u>. </u>	
Additional Pages	Franklin Moss Jr
	2333 Jenson Circle, Ft Worth TX
1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
<u>/i=-1)</u>	
17 CONTRIBUTION TOTALS	1 . \$
(************************************	2 TOTAL POLITICAL CONTRIBUTIONS

POL TICAL EXPEND TURES MADE FROM POLIT CAL CONTR BUT ONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ccounting/Banking consulting Expense	Event Expense Fees Food/Beverage Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
	2 FILER NAME		
Date	5 Payee name		
			
	Citγ; State:	ZID Code	
1			
OFEXPENDITURE			7
		Office sought	Office held
		3	
· -			
-			
Argust (4)	Bounc addrone: City Stato	-7ia Codo	
	Povoc oddrocev City: Stato	Zin Codo	
Candidate/Officeholder/Politi	cal Committee Legal Services	t Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Candidate/Officeholder/Politi	cal Committee Legal Services The Instruction Guide expl	l.	Other (enter a category not listed above) 3 Filer ID (Ethics Commission Filers)
Candidate/Officeholder/Politi	cal Committee Legal Services The Instruction Guide expl	t Salaries/Wages/Contract Labor	
Candidate/Officeholder/Politi redit Card Payment Total pages Schedule F	cal Committee Legal Services The Instruction Guide expl	t Salaries/Wages/Contract Labor	
Candidate/Officeholder/Politi edit Card Payment Total pages Schedule F1 Amount (\$)	cal Committee Legal Services The Instruction Guide expla	t Salaries/Wages/Contract Labor	
Candidate/Officeholder/Politi edit Card Payment Total pages Schedule F1	cal Committee Legal Services The Instruction Guide expla	Salaries/Wages/Contract Labor ains how to complete this form.	3 Filer ID (Ethics Commission Filers)
Candidate/Officeholder/Politicedit Card Payment Total pages Schedule Formula Payment Amount (\$) PURPOSE OF	cal Committee Legal Services The Instruction Guide explain 7 Payee address;	Salaries/Wages/Contract Labor ains how to complete this form. is schedule) (b) Description Check if travelo	
Candidate/Officeholder/Politi redit Card Payment Total pages Schedule F1 Amount (\$) PURPOSE OF	The Instruction Guide explain The Instruction The Instru	Salaries/Wages/Contract Labor ains how to complete this form. is schedule) (b) Description Check if travelo	3 Filer 1D (Ethics Commission Filers)

City; State; Zip Code

SUBTOTALS - C/O

FORM C/OH COVER SHEET PG 3

20 Filer ID (Ethics Commission Filers) 19 FILER NAME SUBTOTAL AMOUNT 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE JUNIOUN CAS MUNICIPARENTAL ITEMINOCONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS