

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="checkbox"/> MRS / MR FIRST MI <i>Christina</i> <i>M</i> NICKNAME LAST SUFFIX <i>Fox</i>	OFFICE USE ONLY Date Received BY: <i>R</i> ELECTIONS 2014 JAN 2 TARRANT COUNTY Date Hand-delivered or Postmarked Receipt # ANBUR Date Processed JAN 12: 48 Date Traced AMENDMENT POSTMARK 1-21-14	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MRS / MR FIRST MI <i>Crystal</i> <i>Gauden</i> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>6 / 1 / 2013</i> <i>12 / 31 / 2013</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 04 / 2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (if known)	
		<i>Tarrant County Justice of the Peace, Pct 3</i>	

GO TO PAGE 2

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

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

14 C/OH NAME Christina Fox 15 ACCOUNT # (Ethics Commission Filers)

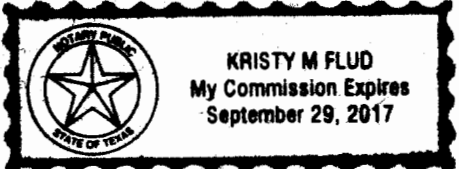
16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	FILED TARRANT COUNTY 2014 JAN 22 PM 12:48 STEVE RABORN ELECTIONS ADMINISTRATOR
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1635.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,292.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1583.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1990.00

18 AFFIDAVIT



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.

Christina Fox
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christina Fox this the 20th day of January, 20 14 to certify which, witness my hand and seal of office.

Kristy M Flud
Signature of officer administering oath

Kristy M. Flud
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

FILED
JAN 22 PM 9
ELECTORAL ADMINISTRATION

The instruction Guide explains how to complete this form.

1 Total pages Schedule A

2

2 FILER NAME

Christina Fox

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/14/13

5 Full name of contributor out-of-state PAC (DP# _____)

Ed Fox

6 Contributor address; City; State; Zip Code

8836 Pedernales Trl
Fort Worth, TX 76118

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

12/4/13

Full name of contributor out-of-state PAC (DP# _____)

Mona Bailey

Contributor address; City; State; Zip Code

5000 Sugar Lake Rd
Fort Worth, TX 76103

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/18/13

Full name of contributor out-of-state PAC (DP# _____)

Chuter Coakell

Contributor address; City; State; Zip Code

6547 Ronald Road
Capital Heights, MD 20748

Amount of contribution (\$)

\$600.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

US Air Force

Date

12/18/13

Full name of contributor out-of-state PAC (DP# _____)

Quince Easter

Contributor address; City; State; Zip Code

13123 Creekview Park Dr
Houston, TX 77082

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Infantry Officer/capt

Employer (See Instructions)

US Army

Date

12/28

Full name of contributor out-of-state PAC (DP# _____)

Norcise Williams

Contributor address; City; State; Zip Code

7316 Nohl Ranch Rd
Fort Worth, TX 76133

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MS Corp Officer/Major

Employer (See Instructions)

US Air Force Reserves

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2

2 FILER NAME
Christina Fox

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/28/13

5 Full name of contributor out-of-state PAC (DF# _____)

R Brown Construction LLC
Contributor address; City; State; Zip Code
PO Box 19256
Fort Worth, TX 76119

7 Amount of contribution (\$) **\$250.00**

8 In-kind contribution description (if applicable)

FILED
TARRANT COUNTY
2014 JAN 29 PM 11:19
STEVEN ARBO
ELECTIONS ADMINISTRATION

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/30/13

Full name of contributor out-of-state PAC (DF# _____)

Hennessey Partners
Contributor address; City; State; Zip Code
1205 Hall Johnson Rd #9
Colleyville, TX 76034

Amount of contribution (\$) **\$1,000.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (DF# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (DF# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (DF# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

FILED
TARRANT COUNTY
2013 JUN 21 PM 12:49
ELECTIONS
CLERK
ADMINISTRATOR

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E

2 FILER NAME **CHRISTINA FOX** 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan **11/18/13** 7 Name of lender **Christina Fox** out-of-state PAC (ID# _____) 9 Loan Amount (\$) **\$1000.00**

6 Is lender a financial institution? **Y (N)** 8 Lender address; City; State; Zip Code **PO BOX 3 Colleyville, TX 76034** 10 Interest rate **0** 11 Maturity date **N/A**

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral none 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION not applicable 17 Name of guarantor 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions) 21 Employer (See Instructions)

Date of loan **12/9/13** Name of lender **Christina Fox** out-of-state PAC (ID# _____) Loan Amount (\$) **\$990.00**

Is lender a financial institution? **Y (N)** Lender address; City; State; Zip Code **PO BOX 3 Colleyville, TX 76034** Interest rate **0** Maturity date **N/A**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION not applicable Name of guarantor Guarantor address; City; State; Zip Code Amount Guaranteed (\$)

Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2		2 FILER NAME: Christina Fox		3 ACCOUNT # (Ethics Commission Filer):	
4 Date: 11/19/13		5 Payee name: Pavlik and Associates			
6 Amount (\$): \$ 1,000.00		7 Payee address; City; State; Zip Code: 6115 Camp Bowie Fort Worth, TX 76116			
8 PURPOSE OF EXPENDITURE		a) Category (See categories listed at the top of this schedule): Consulting Expenses		b) Description (if travel outside of Texas, complete Schedule T): Consulting	
9 Complete ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name: Christina Fox		Office sought: Justice of Peace Pct 3 Office held:	
Date: 12/21/13		Payee name: US Postal Service			
Amount (\$): 24.84		Payee address; City; State; Zip Code:			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): Solicitation		Description (if travel outside of Texas, complete Schedule T): Postage	
Complete ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name: Christina Fox		Office sought: Justice of Peace Pct 3 Office held:	
Date: 12/10/13		Payee name: Office Depot			
Amount (\$): 7.57		Payee address; City; State; Zip Code: NRH, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): Printing Expense		Description (if travel outside of Texas, complete Schedule T): Supplies	
Complete ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name: Christina Fox		Office sought: Justice of Peace Pct 3 Office held:	
Date: 12/9/13		Payee name: TC GOP			
Amount (\$): 1000.00		Payee address; City; State; Zip Code: Gravel Rd Fort Worth Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): Fees		Description (if travel outside of Texas, complete Schedule T): Filing Fees	
Complete ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name: Christina Fox		Office sought: Justice of Peace Pct 3 Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2** 2 FILER NAME: **Christina Fox** 3 ACCOUNT # (Ethics Commission Filer):

4 Date: **12/18/13** 5 Payee name: **Piryntax Fundraising**

6 Amount (\$): **\$9.21** 7 Payee address; City; State; Zip Code: **144 2nd St, 1st Flr San Francisco, CA 94105**

8 PURPOSE OF EXPENDITURE: **Fees** (a) Category (See categories listed at the top of this schedule) **Fees** (b) Description (If travel outside of Texas, complete Schedule T) **Credit Card Company Service Fees**

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: **[Redacted]** Office sought: **[Redacted]** Office held:

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Christina Fox		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/4/13		5 Payee name Allegra			
6 Amount (\$) \$230.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1021 West Abram Arlington, TX 76103			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Push Cards	
Date 11/25/13		Payee name TC Voter Registration			
Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) solicitation		Description (If travel outside of Texas, complete Schedule T) Precinct Map	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

FILED
 ARRAITT COUNTY
 JAN 22 PM 12:49
 CLERK
 ELECTIONS ADMINISTRATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Christina Fox
PO Box 3
Colleyville TX 76034

Tarrant County Elections Administration
2700 Premier St
Fort Worth, TX 76111



751135611

