

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: <div style="font-size: 2em; text-align: center;">9</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms FIRST: Christina MI: M NICKNAME: LAST: Fox SUFFIX:	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged <div style="text-align: center; font-weight: bold; font-size: 0.8em;"> ELECTIONS ADMINISTRATION TARRANT COUNTY FILED 2014 FEB 24 AM 8:11 </div> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs FIRST: Crystal MI: NICKNAME: LAST: Grayden 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	January 15 30th day before election Runoff July 15 <u>8th day before election</u> Exceeded \$500 limit Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.5em;">1 / 24 / 2014 2 / 22 / 2014</div>		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: <div style="font-size: 1.5em;">03 / 04 / 2014 <u>Primary</u></div> Runoff General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; text-align: center;">Tarrant County Justice of the Peace, Pet 3</div>	

GOTO 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.

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	
SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

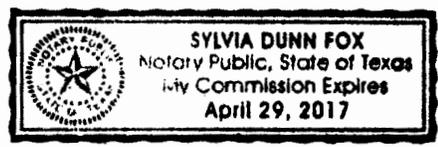
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TARRANT COUNTY
2014 FEB 24 AM 0:12
STEVE RANSOM
ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ /
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1055.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ /
	4. TOTAL POLITICAL EXPENDITURES	\$ 2479.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 49.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3207.10

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 23rd day of February, 20 14, to certify which, witness my hand and seal of office.

Sylvia Dunn Fox Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <u>Christina Fox</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>1/24/14</u>	5 Full name of contributor <u>Kevin Wacasey</u> out-of-state PAC (ID#):	7 Amount of contribution (\$) <u>\$200.00</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>3141 Fox Run Dr Grapevine, TX 76051</u>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>physician</u>		10 Employer (See Instructions) <u>self</u>	
Date <u>1/27/14</u>	Full name of contributor <u>Richard Capp</u> out-of-state PAC (ID#):	Amount of contribution (\$) <u>\$25.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>1523 Highland Lakes Dr Keller, TX 76248</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Tax Specialist</u>		Employer (See Instructions) <u>retired</u>	
Date <u>1/30/14</u>	Full name of contributor <u>Maria Moman</u> out-of-state PAC (ID#):	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>449 Harris St B102 Coppell, TX 75019</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney/Consultant</u>		Employer (See Instructions) <u>BOA Bank of America</u>	
Date <u>2/4/14</u>	Full name of contributor <u>Tom Lorenz</u> out-of-state PAC (ID#):	Amount of contribution (\$) <u>\$25.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>1737 Cynthia Ln Hurst, TX 76054</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>N/A</u>		Employer (See Instructions) <u>retired</u>	
Date <u>2/4/14</u>	Full name of contributor <u>Antoinette Bone</u> out-of-state PAC (ID#):	Amount of contribution (\$) <u>\$30.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>1201 Driftwood Dr Euless, TX 76040</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>self employed solo practitioner</u>	

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 TARRANT COUNTY
 2014 FEB 4 AM 12
 SECRETARY OF STATE
 ELECTIONS DIVISION

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 Fix		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 2/5/14	5 Full name of contributor: Grace Chernley out-of-state PAC (ID#):	7 Amount of contribution (\$): 250.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code: 5843 Sterling Dr Colleyville, TX 76034	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions): Healthcare Admin		10 Employer (See Instructions): Acupuncture Center Inc	
Date: 2/5/14	Full name of contributor: Murtaza Natalwala out-of-state PAC (ID#):	Amount of contribution (\$): 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code: 1500 Corporate Circle Southlake, TX 76092	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions): Business Consultant		Employer (See Instructions): Nuoco	
Date: 2/11/14	Full name of contributor: Kelly Cottam out-of-state PAC (ID#):	Amount of contribution (\$): 150.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code: 4512 Lakeside Dr Colleyville, TX 76034	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions): N/A		Employer (See Instructions): N/A	
Date: 2/12/14	Full name of contributor: Christine Park out-of-state PAC (ID#):	Amount of contribution (\$): 200.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code: 2017 Oak Manor Dr Bedford, TX 76021	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions): Pharmacist		Employer (See Instructions): Baylor	
Date: 2/18/14	Full name of contributor: Stephanie Costello out-of-state PAC (ID#):	Amount of contribution (\$): 25.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code: 6529 Spring River Ln North Richland Hills, TX 76180	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions): retired		Employer (See Instructions): N/A	

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Christina Fox		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 2/20/14	7 Name of lender Christina Fox out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 1200.00
6 Is lender a financial institution? N	8 Lender address; City; State; Zip Code PO BOX 3 Colleyville, TX 76034	10 Interest rate 0
12 Principal occupation / Job title (See Instructions)		11 Maturity date N/A
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	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 2/21/14	Name of lender Christina Fox out-of-state PAC (ID#: _____)	Loan Amount (\$) 1710
Is lender a financial institution? N	Lender address; City; State; Zip Code PO BOX 3 Colleyville, TX 76034	Interest rate 0
Principal occupation / Job title (See Instructions)		Maturity date N/A
21 Employer (See Instructions)		
Description of Collateral none		Check if personal funds were deposited into political account
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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 TARRANT COUNTY
 2014 FEB 24 AM 9:42
 STEVE KADON
 ELECTIONS ADMINISTRATOR
 Revised 04/19/2013

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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | 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: 3	2 FILER NAME Christina Fox	3 ACCOUNT # (Ethics Commission Filers) 101 FEB 24 AM 12
4 Date 1/24/13	5 Payee name Londoner Pub	
6 Amount (\$) 64.13	7 Payee address; City; State; Zip Code 5150 Colleyville Blvd Colleyville, TX 76034	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Fundraiser Food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1/27/2014	Payee name Lowes	
Amount (\$) 209.46	Payee address; City; State; Zip Code 3000 S.H. 121 Euless, TX 76039	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) stake stakes
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1/27/14	Payee name Lowes	
Amount (\$) 12.90	Payee address; City; State; Zip Code 3000 S.H. 121 Euless, TX 76039	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) zipties
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/3/14	Payee name Excalibur printing	
Amount (\$) \$243.00	Payee address; City; State; Zip Code 2500 E Randol Mill Rd Arlington, TX 76011	
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 Office held Justice of the Peace, Pct 3

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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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | 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: 3	2 FILER NAME Christina Fox	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/10/14	5 Payee name Fedex office
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6 Amount (\$) \$64.26	7 Payee address; City; State; Zip Code 1400 E Copeland Rd Arlington, TX 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) CARDS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/10/14	Payee name Staples
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Amount (\$) 10.83	Payee address; City; State; Zip Code 8000 Denton Hwy Watauga, TX 76148
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/14	Payee name Amazon.com
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Amount (\$) 56.92	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) costume
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/20/14	Payee name Facebook
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Amount (\$) 25.58	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) ads
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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 ELECTIONS ADMINISTRATOR

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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	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: 3	2 FILER NAME Christina Fox	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/19/14	5 Payee name Goodwill Graphics
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6 Amount (\$) 488.70	7 Payee address; City; State; Zip Code 880 Mustand Dr Grapevine, TX 76051
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) signs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/14	Payee name Joanns Fabric and Craft
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Amount (\$) 17.10	Payee address; City; State; Zip Code 1439 W Pipeline Rd Hurst, TX 76053
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) costume
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/22/14	Payee name Facebook
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Amount (\$) 50.72	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) ad
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Pirynx, Inc Fundraising
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Amount (\$) 36.24	Payee address; City; State; Zip Code 144 2nd St., 1st Flr San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Credit Card Company Service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	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: <i>1</i>	2 FILER NAME <i>Christina Fox</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/19/14</i>	5 Payee name <i>Goodwill Graphics</i>	
6 Amount (\$) <i>1200.00</i> <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <i>880 Mustang Dr Grapevine, TX 76051</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>signs</i>
Date <i>2/21/14</i>	Payee name Proper <i>Joann Fabric and Craft</i>	
Amount (\$) <i>17.10</i> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <i>1439 W Pipeline Rd Hurst, TX 76053</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Costume</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<small>Reimbursement from political contributions intended</small>		
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	
<small>Reimbursement from political contributions intended</small>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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 ELECTIONS ADMINISTRATOR

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