

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME <div style="display: flex; justify-content: space-between;"> <div> MS / MRS / MR <input checked="" type="radio"/> </div> <div> FIRST <u>Christina</u> </div> <div> MI <u>F</u> </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div> NICKNAME <u>Chns</u> </div> <div> LAST <u>Gonzalez</u> </div> <div> SUFFIX </div> </div>		OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <hr/> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <hr/> Date Processed <hr/> Date Imaged 			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX: <u>10042 Briarwood Ln</u></div> <div>APT / SUITE #: <u>Houston TX 77060</u></div> <div>CITY: <u>Houston TX 77060</u></div> <div>STATE: <u>TX</u></div> <div>ZIP CODE: <u>77060</u></div> </div>					
5 CANDIDATE / OFFICEHOLDER PHONE <div style="display: flex; justify-content: space-between;"> <div>AREA CODE <u>(713)</u></div> <div>PHONE NUMBER <u>303-6417</u></div> <div>EXTENSION</div> </div>					
6 CAMPAIGN TREASURER NAME <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <input checked="" type="radio"/></div> <div> FIRST <u>James</u> </div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>Shedix</u></div> <div>SUFFIX</div> </div>					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE): <u>11920 Durrette</u></div> <div>APT / SUITE #:</div> <div>CITY: <u>Houston, TX</u></div> <div>STATE: <u>TX</u></div> <div>ZIP CODE: <u>77024</u></div> </div>					
8 CAMPAIGN TREASURER PHONE <div style="display: flex; justify-content: space-between;"> <div>AREA CODE <u>(713)</u></div> <div>PHONE NUMBER <u>385-7921</u></div> <div>EXTENSION</div> </div>					
9 REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>					
10 PERIOD COVERED <div style="display: flex; justify-content: space-between;"> <div> Month / Day / Year <u>1 / 14 / 22</u> </div> <div>THROUGH</div> <div> Month / Day / Year <u>7 / 15 / 22</u> </div> </div>					
11 ELECTION <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month / Day / Year <u> / / </u> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>					
12 OFFICE OFFICE HELD (if any) <u>instee Position 2</u>		13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages <div style="display: flex; justify-content: space-between;"> <div> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div> COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> </div> </div>		<p><small>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.</small></p>			

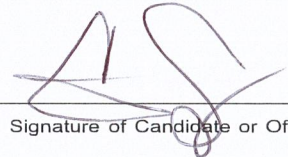
GO TO PAGE 2

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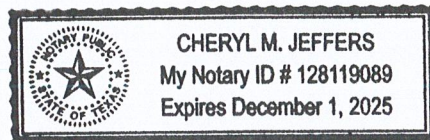
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Christina F. Gonzalez this the 18th day of July, 2022, to certify which, witness my hand and seal of office.

Cheryl M. Jeffers Cheryl M. Jeffers Exec. Assistant
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)