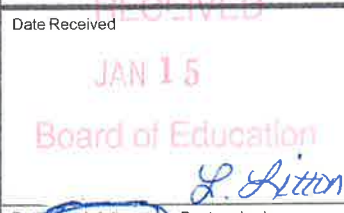


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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	MS / MRS / MR NICKNAME Mrs. Christene Chadwick LAST Moss	FIRST MI SUFFIX	OFFICE USE ONLY  Date Received Date Hand-delivered or Postmarked 1-15-15 Receipt # Amount Date Processed 1-16-15 Date Imaged 1-16-15
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5625 Eisenhower Ft Worth TX 76112		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 944-8033		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME Mr. Franklin LAST Moss	FIRST MI SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5625 Eisenhower Dr Ft Worth TX 76112		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 925-2182		
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 July 15 / 2014 1 / 15 / 2015		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 5 / 7 / 2015 School Board		
12 OFFICE	OFFICE HELD (if any) FWISD Bd Trustee		13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

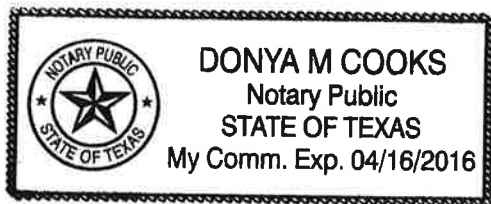
FORM C/OH COVER SHEET PG 2

14 C/OH NAME Christene Moss 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
	<input checked="" type="checkbox"/> GENERAL	<u>Christene Chadwick Moss</u>
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
<input type="checkbox"/> additional pages		<u>5625 Eisenhower Dr</u> <u>76112</u>
		COMMITTEE CAMPAIGN TREASURER NAME
		<u>Franklin D Moss Jr</u>
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		<u>2333</u> <u>5625 Eisenhower Dr</u> <u>76112</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>2,295.⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>2,397.²¹</u>
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>-362.21</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Christene Chadwick Moss

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donya Cooks, this the 15 day of January, 20 15, to certify which, witness my hand and seal of office.

Donya Cooks
Signature of officer administering oath

Donya Cooks
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/31/14		5 Payee name Smokers BBQ			
6 Amount (\$) 349.70		7 Payee address; City; State; Zip Code 5300 E. Lancaster Ave			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fundraising		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/5/14		Payee name Raising the Standards / Student Ad			
Amount (\$) 75.00		Payee address; City; State; Zip Code Gift / awards			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name Dunbar Band Students			
Amount (\$) 120.00		Payee address; City; State; Zip Code 5700 Ramey Ave Ft Worth TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Incentives/awards		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name Dunbar H.S. I			
Amount (\$) 500.00		Payee address; City; State; Zip Code 5700 Ramey Ave Ft Worth TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Incentives for Teacher		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Christen Charlotte Moss</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name <i>Libby Walker</i>			
6 Amount (\$) <i>7</i> <i>\$50.00</i>		7 Payee address; City; State; Zip Code <i>2806 Race St, Ft Worth TX 76111</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Campaign donation</i>		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name <i>Lisa Woodard -</i>			
Amount (\$) <i>02</i> <i>\$50.00</i>		Payee address; City; State; Zip Code <i>3500 millen Ave, Ft Worth TX 76119</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Campaign donation</i>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name <i>101 S Jennings Ft Worth TX 76104</i>			
Amount (\$) <i>00</i> <i>\$50.00</i>		Payee address; City; State; Zip Code <i>Nicole Calhoun SR</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Donation</i>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name <i>Emelda Brown</i>			
Amount (\$) <i>00</i> <i>\$150.00</i>		Payee address; City; State; Zip Code <i>6015 Meadowbrook Dr Ft Worth TX 76112</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Donation</i>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought 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	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:		2 FILER NAME <i>Christen Chadwick Moss</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/22</i>		5 Payee name <i>Kwik Kopli</i>			
6 Amount (\$) <i>\$164.00</i>		7 Payee address; City; State; Zip Code <i>1850 Handley Dr. Ft Worth TX, 76112</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>7/16/14</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>10.79</i>		Payee address; City; State; Zip Code <i>401 SW Plaza Ste 107 Arlington TX 76016</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Envelopes - Stamps</i>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>7/22/01</i>		Payee name <i>USPO</i>			
Amount (\$) <i>9.80</i>		Payee address; City; State; Zip Code <i>E. Rose Dale 76105</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Mailing - postage</i>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name <i>Office Depot</i>			
Amount (\$) <i>30.79</i>		Payee address; City; State; Zip Code <i>401 Southwest Plaza Ste 107 Arlington TX 76016</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>envelopes</i>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Christene Chadwick Moss</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>8/12</i>	5 Payee name <i>Christene Moss</i>		
6 Amount (\$) <i>936.95</i>	7 Payee address; City; State; Zip Code <i>562 S Eisenhower Dr 78112</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan Repayment</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Premium Campaign</i>
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held

Date <i>7/14 - 10/14</i>	Payee name <i>Wendy Davis</i>		
Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>1711 La Gran Playa Ft Worth TX</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>		Description (If travel outside of Texas, complete Schedule T)
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> 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)
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> 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)
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Christa Chadwick Moss

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/31/14

5 Full name of contributor ☐ out-of-state PAC (ID#)

Nancy Jimmura

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Ft Worth TX 76133
4900 Barkney Dr

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/31/14

Full name of contributor ☐ out-of-state PAC (ID#)

David Howard

Amount of contribution (\$)

400.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5516 E. Rosedale St
Ft Worth TX 76112

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/31/14

Full name of contributor ☐ out-of-state PAC (ID#)

T.A. Sims

Amount of contribution (\$)

60.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4421 Kingsdale Dr
Ft Worth TX 76119

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/31/14

Full name of contributor ☐ out-of-state PAC (ID#)

Bobbie Edmonds

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

100 E 15th St 410
Ft Worth TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/31/14

Full name of contributor ☐ out-of-state PAC (ID#)

Judy Needham

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7579 Sunside Dr
Ft Worth TX 76136

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:**2** FILER NAME

Christine Chadwick Moss

3 ACCOUNT # (Ethics Commission Filers)**4** Date

7/31/14

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

Mr L. Davis

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)**6** Contributor address; City; State; Zip Code2101 Flemming Dr
Ft Worth TX 76112

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

7/31/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Windell Lou Elzy

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4462 Wilhelm St
Ft Worth TX 76119

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/31/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jerry Riles

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7600 Briar Cove Ct
Ft Worth TX 76112

(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 (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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 (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Christen Chadwick Moss</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/20/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Norman Robbins</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <i>6144 Plum Valley Place Ft Worth TX 76107 76116</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/19/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Donald Chadwick</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>6227 Yolanda Ft Worth TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jim + Gloria Austin</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>2017 Teakwood Trc Ft Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/19/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jacqueline Thompson</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>6804 Vista Ridge Ft Worth TX 76132</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/1/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Bill Go ff</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>500 Commerce St Ste 200 Ft Worth TX 76102</i>		(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Chris Chadwick Moss

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/31/14

5 Full name of contributor ☐ out-of-state PAC (ID#)

Shirley K Benton

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5901 Eisenhower Dr
Ft Worth TX 76112

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/31/14

Full name of contributor ☐ out-of-state PAC (ID#)

Joe Ross

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4308 INwood Rd
Ft Worth TX 76109

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/14

Full name of contributor ☐ out-of-state PAC (ID#)

Reby Cary

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1804 Bunche Dr
Ft Worth TX 76112

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/31/14

Full name of contributor ☐ out-of-state PAC (ID#)

Luther Perry

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5228 Blue Valley Ct
Ft Worth TX 76112

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/31/14

Full name of contributor ☐ out-of-state PAC (ID#)

Michael Campbell

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5932 Village Course Cir Apt 925
Ft Worth TX 76119

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Christen Chadwick Moss

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/31/14

5 Full name of contributor

☐ out-of-state PAC (ID#:

Verneil Sturns

6 Contributor address; City; State; Zip Code

612 Highwoods Tr
Ft Worth TX 761127 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/29/2014

Full name of contributor

☐ out-of-state PAC (ID#:

Linebarger Goggan Blair + Sampson

Contributor address; City; State; Zip Code

P.O. Box 17428
Austin, Texas 78760Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/14

Full name of contributor

☐ out-of-state PAC (ID#:

Cecille B. Roney

Contributor address; City; State; Zip Code

2212 S Cravens Rd
Ft Worth TX 76112Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/30/14

Full name of contributor

☐ out-of-state PAC (ID#:

Ed Gray Jr.

Contributor address; City; State; Zip Code

Mk Beauty Studio Acct
109 Silverleaf Dr
Ft Worth TX 76112Amount 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

7/23/14

Full name of contributor

☐ out-of-state PAC (ID#:

Willie B Jones

Contributor address; City; State; Zip Code

4541 Rolling Hills Dr
Ft Worth TX 76119Amount 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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