

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| The C/OH Instruction Guide explains how to complete this form.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1 ACCOUNT #</b><br>(Ethics Commission Filers)                                                                                                                                                                                                                                                                                                                      | <b>2 Total pages filed:</b><br><div style="text-align: center; font-size: 2em;">7</div> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                                          | MS/MRS/MR FIRST MI<br><div style="font-size: 1.5em; text-align: center;">Christina M</div> NICKNAME LAST SUFFIX<br><div style="text-align: center; font-size: 1.5em;">FOX</div>                                                                                                                                                                                                                                         | <b>OFFICE USE ONLY</b><br>Date Received<br>Date Hand-delivered or Postmarked<br>Receipt<br>Date Processed<br>Date Imaged<br><div style="text-align: right; font-size: 0.8em;">                     ELECTORAL ADMINISTRATION<br/>                     TARRANT COUNTY<br/>                     FILED<br/>                     2014 FEB - PH 5 03                 </div> |                                                                                         |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> change of address | ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                                                         | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |
| <b>6 CAMPAIGN TREASURER NAME</b>                                                                | MS/MRS/MR FIRST MI<br><div style="font-size: 1.5em; text-align: center;">Mrs Crystal</div> NICKNAME LAST SUFFIX<br><div style="text-align: center; font-size: 1.5em;">Gayden</div>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(residence or business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |
| <b>8 CAMPAIGN TREASURER PHONE</b>                                                               | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |
| <b>9 REPORT TYPE</b>                                                                            | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><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) |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |
| <b>10 PERIOD COVERED</b>                                                                        | Month Day Year    THROUGH    Month Day Year<br><div style="font-size: 1.5em;">01/01/2014    01/23/2014</div>                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |
| <b>11 ELECTION</b>                                                                              | ELECTION DATE<br>Month Day Year<br><div style="font-size: 1.5em;">03/04/2014</div>                                                                                                                                                                                                                                                                                                                                      | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                                        |                                                                                         |
| <b>12 OFFICE</b>                                                                                | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                    | <b>13 OFFICESOUGHT (if known)</b><br><div style="font-size: 1.5em; text-align: center;">Tarrant County<br/>Justice of the Peace, Pct 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**

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

FILED  
 TARRANT COUNTY  
 2014 FEB - 3 PM 5:03  
 STEVE LAJARRN  
 ELECTIONS ADMINISTRATOR

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2575.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3901.52

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

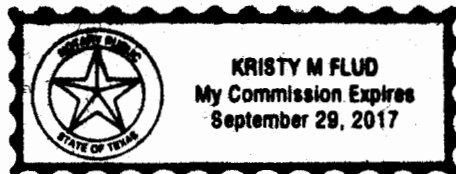
\$ 256.86

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,990.00

**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 31st day of January, 20 14, to certify which, witness my hand and seal of office.

Kristy M. Flud  
Signature of officer administering oath

Kristy Flud  
Printed name of officer administering oath

Notary Public  
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: <b>2</b>                            |                                                    |
| 2 FILER NAME<br><b>Christina Fox</b>                                                             |                                                                                                   | 3 ACCOUNT # (Ethics Commission Filers)                        |                                                    |
| 4 Date<br><b>1/3/14</b>                                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Kris Duckett</b> | 7 Amount of contribution (\$)<br><b>100.00</b>                | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>121 Red Maple Way<br/>Niceville, FL 32578</b> |                                                                                                   | (If travel outside of Texas, complete Schedule T)             |                                                    |
| 9 Principal occupation / Job title (See Instructions)<br><b>Pilot / Major</b>                    |                                                                                                   | 10 Employer (See Instructions)<br><b>US Air Force</b>         |                                                    |
| Date<br><b>1/6/14</b>                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Kalet Gibbons</b>  | Amount of contribution (\$)<br><b>100.00</b>                  | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>6125 Gardenia Ct<br/>Alexandria, VA 22310</b>   |                                                                                                   | (If travel outside of Texas, complete Schedule T)             |                                                    |
| Principal occupation / Job title (See Instructions)<br><b>IT Specialist</b>                      |                                                                                                   | Employer (See Instructions)<br><b>Dept of Justice</b>         |                                                    |
| Date<br><b>1/7/14</b>                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Dr. Jerome Fox</b> | Amount of contribution (\$)<br><b>2000.00</b>                 | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 59291<br/>Philadelphia, PA 19102</b>   |                                                                                                   | (If travel outside of Texas, complete Schedule T)             |                                                    |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                            |                                                                                                   | Employer (See Instructions)                                   |                                                    |
| Date<br><b>1/9/14</b>                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>James White</b>    | Amount of contribution (\$)<br><b>100.00</b>                  | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 21<br/>Hillister, TX 77624</b>         |                                                                                                   | (If travel outside of Texas, complete Schedule T)             |                                                    |
| Principal occupation / Job title (See Instructions)<br><b>Entrepreneur</b>                       |                                                                                                   | Employer (See Instructions)<br><b>Self-employed</b>           |                                                    |
| Date<br><b>1/10/14</b>                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Charles Powell</b> | Amount of contribution (\$)<br><b>25.00</b>                   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>6602 Bluebird Dr<br/>Arlington, TX 76001</b>    |                                                                                                   | (If travel outside of Texas, complete Schedule T)             |                                                    |
| Principal occupation / Job title (See Instructions)<br><b>Minister</b>                           |                                                                                                   | Employer (See Instructions)<br><b>Mt Olive Baptist Church</b> |                                                    |

FILED  
 2014 JAN 13 PM 03  
 STATE ELECTIONS ADMINISTRATION

**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: <u>2</u>                |                                                    |
| 2 FILER NAME                                                                                      |                                                                                                     | 3 ACCOUNT # (Ethics Commission Filers)            |                                                    |
| 4 Date<br><u>1/24/14</u>                                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><u>Crystal Gayden</u> | 7 Amount of contribution (\$)<br><u>\$250.00</u>  | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><u>5757 Fountain Flat Dr<br/>Keller, TX 76244</u> |                                                                                                     | (If travel outside of Texas, complete Schedule T) |                                                    |
| 9 Principal occupation / Job title (See Instructions)                                             |                                                                                                     | 10 Employer (See Instructions)                    |                                                    |
| Date                                                                                              | Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)                       |                                                    |

FILED  
 2014 FEB 11 PM 5:03  
 STATE OF TEXAS  
 ELECTIONS ADMINISTRATOR

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor 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       | 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.

|                                       |                                      |                                               |
|---------------------------------------|--------------------------------------|-----------------------------------------------|
| <b>1</b> Total pages Schedule F:<br>3 | <b>2</b> FILER NAME<br>Christina Fox | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--------------------------------------|-----------------------------------------------|

|                         |                                                      |
|-------------------------|------------------------------------------------------|
| <b>4</b> Date<br>1/5/14 | <b>5</b> Payee name<br>Texas Conservatives Write PAC |
|-------------------------|------------------------------------------------------|

|                                  |                                                                                        |
|----------------------------------|----------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$699.99 | <b>7</b> Payee address; City; State; Zip Code<br>1921 Stonehill Dr<br>Justin, TX 76247 |
|----------------------------------|----------------------------------------------------------------------------------------|

|                                 |                                                                                          |                                                                                              |
|---------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br>Straw Poll Table |
|---------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|                 |                           |
|-----------------|---------------------------|
| Date<br>1/14/14 | Payee name<br>GI Graphics |
|-----------------|---------------------------|

|                           |                                                                               |
|---------------------------|-------------------------------------------------------------------------------|
| Amount (\$)<br>\$2,693.80 | Payee address; City; State; Zip Code<br>880 Mustang Dr<br>Grapevine, TX 76051 |
|---------------------------|-------------------------------------------------------------------------------|

|                               |                                                                                      |                                                                        |
|-------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br>Advertising Expenses | Description (If travel outside of Texas, complete Schedule T)<br>Signs |
|-------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

|                 |                     |
|-----------------|---------------------|
| Date<br>1/16/14 | Payee name<br>Lowes |
|-----------------|---------------------|

|                         |                                                                           |
|-------------------------|---------------------------------------------------------------------------|
| Amount (\$)<br>\$344.81 | Payee address; City; State; Zip Code<br>3000 S.H. 121<br>Euless, TX 76039 |
|-------------------------|---------------------------------------------------------------------------|

|                               |                                                                                      |                                                                              |
|-------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br>Advertising Expenses | Description (If travel outside of Texas, complete Schedule T)<br>Metal Posts |
|-------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

|                 |                                 |
|-----------------|---------------------------------|
| Date<br>1/16/14 | Payee name<br>Westlake Hardware |
|-----------------|---------------------------------|

|                      |                                                                                        |
|----------------------|----------------------------------------------------------------------------------------|
| Amount (\$)<br>10.12 | Payee address; City; State; Zip Code<br>4701 Colleyville Blvd<br>Colleyville, TX 76034 |
|----------------------|----------------------------------------------------------------------------------------|

|                               |                                                                                      |                                                                          |
|-------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br>Advertising Expenses | Description (If travel outside of Texas, complete Schedule T)<br>Zipties |
|-------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| 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**

**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:<br><b>3</b>                 | 2 FILER NAME:<br><b>Christina Fox</b>                                                           | 3 ACCOUNT # (Ethics Commission Filers):<br><b>STEFAN BROWN<br/>STATE ADMINISTRATOR</b>  |
| 4 Date:<br><b>1/21/14</b>                             | 5 Payee name:<br><b>Fedex Office</b>                                                            |                                                                                         |
| 6 Amount (\$):<br><b>\$75.73</b>                      | 7 Payee address; City; State; Zip Code:<br><b>415 E State Hwy 114<br/>Grapevine, TX</b>         |                                                                                         |
| 8 PURPOSE OF EXPENDITURE:                             | (a) Category (See categories listed at the top of this schedule):<br><b>Advertising Expense</b> | (b) Description (If travel outside of Texas, complete Schedule T):<br><b>Push Cards</b> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                   | Office sought      Office held                                                          |

|                                                     |                                                                                                 |                                                                                         |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Date:<br><b>1/21/14</b>                             | Payee name:<br><b>Londoner Pub</b>                                                              |                                                                                         |
| Amount (\$):<br><b>\$64.13</b>                      | Payee address; City; State; Zip Code:<br><b>5150 Colleyville Blvd<br/>Colleyville, TX 76034</b> |                                                                                         |
| PURPOSE OF EXPENDITURE:                             | Category (See categories listed at the top of this schedule):<br><b>Food/Beverage Expense</b>   | Description (If travel outside of Texas, complete Schedule T):<br><b>Randrazer Food</b> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                   | Office sought      Office held                                                          |

|                                                     |                                                                                                 |                                                                                                           |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Date:<br><b>1/3/14</b>                              | Payee name:<br><del>Arxx</del> <b>Arxx, Inc. Fundraising</b>                                    |                                                                                                           |
| Amount (\$):<br><b>\$5.75</b>                       | Payee address; City; State; Zip Code:<br><b>144 2nd St, 1st Flr<br/>San Francisco, CA 94105</b> |                                                                                                           |
| PURPOSE OF EXPENDITURE:                             | Category (See categories listed at the top of this schedule):<br><b>Fees</b>                    | Description (If travel outside of Texas, complete Schedule T):<br><b>Credit Card Company Service Fees</b> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                   | Office sought      Office held                                                                            |

|                                                     |                                                                                                 |                                                                                                           |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Date:<br><b>1/9/14</b>                              | Payee name:<br><b>Arxx, Inc. Fundraising</b>                                                    |                                                                                                           |
| Amount (\$):<br><b>\$5.75</b>                       | Payee address; City; State; Zip Code:<br><b>144 2nd St, 1st Flr<br/>San Francisco, CA 94105</b> |                                                                                                           |
| PURPOSE OF EXPENDITURE:                             | Category (See categories listed at the top of this schedule):<br><b>Fees</b>                    | Description (If travel outside of Texas, complete Schedule T):<br><b>Credit Card Company Service Fees</b> |
| 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**

**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.

|                                       |                                      |                                               |
|---------------------------------------|--------------------------------------|-----------------------------------------------|
| <b>1</b> Total pages Schedule F:<br>3 | <b>2</b> FILER NAME<br>Christina Fox | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--------------------------------------|-----------------------------------------------|

|                          |                                                |
|--------------------------|------------------------------------------------|
| <b>4</b> Date<br>1/10/14 | <b>5</b> Payee name<br>Pirux, Inc. Fundraising |
|--------------------------|------------------------------------------------|

|                                |                                                                                                  |
|--------------------------------|--------------------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$1,44 | <b>7</b> Payee address; City; State; Zip Code<br>144 2nd St., 1st Flr<br>San Francisco, CA 94105 |
|--------------------------------|--------------------------------------------------------------------------------------------------|

|                                 |                                                                                 |                                                                                                              |
|---------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br>Credit Card Company Service fees |
|---------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> 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 |

|                               |                                                              |                                                               |
|-------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | 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 |

|                               |                                                              |                                                               |
|-------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | 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 |

|                               |                                                              |                                                               |
|-------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | 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**

FILED  
 TARRANT COUNTY  
 2014 FEB -3 PM 5:03  
 STEVE RAOU  
 ELECTIONS ADMINISTRATOR