

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	MS / MRS / MR MR <small>NICKNAME</small>	FIRST CHRISTIAN <small>LAST</small>	MI <small>SUFFIX</small>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address				OCT 05 2015	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 890 E Riverside Dr Grapevine TX 76051					
5 CANDIDATE / OFFICEHOLDER PHONE					
AREA CODE PHONE NUMBER EXTENSION (817) 601-5019				Date Received	
6 CAMPAIGN TREASURER NAME				Date Hand-delivered or Date Postmarked	
MS / MRS / MR MRS <small>NICKNAME</small>				Receipt #	
FIRST MARILYN <small>LAST</small>				Amount \$	
MI <small>SUFFIX</small>				Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)				Date Imaged	
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2315 Ridge Ln Grapevine TX 76051				8 CAMPAIGN TREASURER PHONE	
AREA CODE PHONE NUMBER EXTENSION (817) 481-2219				9 REPORT TYPE	
<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	
<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
				<input type="checkbox"/> Exceeded \$500 limit	
<input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED					
Month Day Year Month Day Year 09 / 18 / 2015 THROUGH 09 / 18 / 2015					
11 ELECTION					
ELECTION DATE Month Day Year 11 / 03 / 2015			ELECTION TYPE		
			<input type="checkbox"/> Primary		
			<input type="checkbox"/> Runoff		
			<input type="checkbox"/> Other Description		
			<input checked="" type="checkbox"/> Special		
12 OFFICE					
OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
			City Council Place 1		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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14 C/OH NAME Christian Ross 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 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	\$ 0

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.

Christian Ross
Signature of Candidate or Officeholder

SHAWNA BARNES
Notary Public, State of Texas
My Commission Expires
April 13, 2019

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christian Ross, this the 5th day of October, 2015, to certify which, witness my hand and seal of office.

Shawna Barnes Printed name of officer administering oath
Shawna Barnes Signature of officer administering oath
Notary Title of officer administering oath