

# 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:  
2

**3 CANDIDATE / OFFICEHOLDER NAME**  
MS / MRS / MR: MRS      FIRST: ANGIE      MI: D  
NICKNAME:      LAST: COX      SUFFIX:     

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
7616 EMERSON LN  
FLOWER MOUND, TX, 75022  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
AREA CODE      PHONE NUMBER      EXTENSION  
(972) 743-5735

**6 CAMPAIGN TREASURER NAME**  
MS / MRS / MR: MR      FIRST: STEWART      MI: L  
NICKNAME:      LAST: COX      SUFFIX:     

**7 CAMPAIGN TREASURER ADDRESS**  
(Residence or Business)  
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
7616 EMERSON LN  
FLOWER MOUND TX 75022

**8 CAMPAIGN TREASURER PHONE**  
AREA CODE      PHONE NUMBER      EXTENSION  
(972) 948-3140

**9 REPORT TYPE**  
 January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Officeholder Only)  
 July 15       8th day before election       Exceeded \$500 limit       Final Report (Attach C/OH - FR)


**10 PERIOD COVERED**  
Month      Day      Year      Month      Day      Year  
01 / 15 / 16      THROUGH      05 / 07 / 16

**11 ELECTION**  
ELECTION DATE: Month      Day      Year: 05 / 07 / 16  
ELECTION TYPE:  Primary       Runoff       Other Description  
 General       Special

**12 OFFICE**  
OFFICE HELD (if any)  
LISD PLACE 3

**13 OFFICE SOUGHT (if known)**  
LISD PLACE 3

**OFFICE USE ONLY**

Date Received  
  
  
  
Date Hand-delivered or Date Postmarked  
  
Receipt #      Amount \$  
Date Processed  
Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME ANGIE COX

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

\$

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

0

CONTRIBUTION  
BALANCE

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

\$

147.98

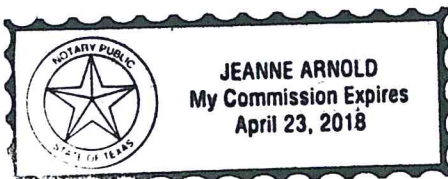
OUTSTANDING  
LOAN TOTALS

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

\$

0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Angie Cox, this the 8th day of April, 2016, to certify which, witness my hand and seal of office.

Jeanne Arnold  
Signature of officer administering oath

Jeanne Arnold  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath