		TE / OFFICE REPORT	EHOLDER	FORM JC/OH COVER SHEET PG 1	
The JC/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 Ms.	FIRST Christina	M. M.	OFFICE USE ONLY Date Received	
14/1012	NICKNAME	Sowells	SUFFIX	Date Raceived	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 852	APT / SUITE #; 972, Mesquite, TX	2022 JAN JOHN COUL BY BY		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (972) 8	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. NICKNAME	FIRST Tracye LAST	MI	Date Processed Date Imaged	
		Johnson			
7 CAMPAIGN TREASURER ADDRESS		y Hill Street	SUITE #: CITY: Midlothian, T	STATE; ZIP CODE	
(Residence or Business)	Residence or Business) 4724 Brezzy Hill Street Midlothian, 1X 76065				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 570-3083				
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before e	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 01	Day Year 01 2022	THROUGH 01	Day Year 20 2022	
11 ELECTION	Month Day	Year Primary 2022 General	Description	E	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know Justice of the Peace	e, Precinct 2, Place 1	
14 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 I 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				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
		GO TO	PAGE 2		

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

Christina Sowe	lls	16 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTF PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 477.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	F LOANS)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 157.02
	4. TOTAL POLITICAL EXPENDITURES	\$ 463.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS O OF REPORTING PERIOD	F THE LAST DAY \$45.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	ANS AS OF THE \$
Tracye N Exp. 11	Johnson 116/2025 Please complete either optio	n below:
= 10 Evn. 11	Please complete either optio	n below:
THINE O	Please complete either optio	n below:
(1) Affidavit NOTARY STAMP/SE Sworn to and subscriber 20 22 , to certif	Please complete either option AL d before me by Christina Sowells fy which, witness my hand and seal of office. Tracye N. Joh	this the 31st day of January Notacy
(1) Affidavit NOTARY STAMP/SE Sworn to and subscriber 20 22 , to certif	Please complete either option AL d before me by Christina Sowells fy which, witness my hand and seal of office. Tracye N. Joh	this the 31st day of January Notacy
(1) Affidavit NOTARY STAMP/SE Sworn to and subscriber 20 22, to certif	Please complete either optio AL d before me by Christina Sowells fy which, witness my hand and seal of office. I racy e N. Joh Printed name of officer administering oath OR	this the 31st day of January Notacy
(1) Affidavit NOTARY STAMP/SE Sworn to and subscriber 20 22 to certif You W Notes a minis (2) Unsworn Declara My name is	Please complete either optio AL d before me by Christina Sowells fy which, witness my hand and seal of office. Printed name of office administering oath OR tion , and my dat	this the 31st day of Sandary Notacy Title of officer administering or
(1) Affidavit NOTARY STAMP/SE Sworn to and subscriber 20 22, to certif You K N Signature of officer adminis (2) Unsworn Declara My name is	Please complete either optio AL d before me by Christina Sowells fy which, witness my hand and seal of office. I way e N. Joh Printed name of officer administering oath OR tion , and my dat	this the 31st day of Sandary Notacy Title of officer administering or
(1) Affidavit NOTARY STAMP/SE Sworn to and subscriber 20, to certif 1 rack N Signature of officer adminis (2) Unsworn Declara My name is My address is	Please complete either option AL d before me by Christian Sowells fy which, witness my hand and seal of office. I way e N. Johnstering oath Printed name of officer administering oath OR tion , and my dat	this the 31st day of Sawary Notary Title of officer administering of the control of the contro

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 F	Filer ID (Ethics Commission Filers)
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	\$463.30
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	FRIBUTIONS \$
8.	. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	INESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$
12.	. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	S RETURNED \$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Zip Code

Office held

Check if Austin, TX, officeholder living expense

Office sought

Office sought

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Contributions/Donations Made By Printing Expense Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Christina Sowells 5 Payee name 4 Date 01/13/2022 Amazon.com State: City; 6 Amount (\$) 7 Payee address; n/a 463.30 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Political Yard Signs Advertising Expense OF

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Candidate / Officeholder name

Payee name

Zip Code City: State: Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code City; Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

Date

Office held