CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Mrs. Anne NAME Date Received LAST NICKNAME Darr 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY: OFFICEHOLDER 2542 Stadium Drive, Fort Worth, TX 76109 MAILING **ADDRESS** Change of Address PHONE NUMBER AREA CODE EXTENSION CANDIDATE/ Date Hand-delivered Date Postmarked **OFFICEHOLDER** 12/2024 (817) 223-1776 PHONE FIRST MS / MRS / MR MI 6 CAMPAIGN Kelly **TREASURER** Ms. Date Processed NAME NICKNAME SUFFIX Date Imaged Soter-Gunn STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE 7 CAMPAIGN **TREASURER** 4329 Selkirk Dr W, Ft. Worth, TX 76109 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 723-7548 (817) 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 2023 07 _01 2023 12 /31 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Day Description General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE FWISD School Board Trustee, District 6 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAMI AIGI		
15 C/OH NAME	Anne Darr	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ o
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ₀
	4. TOTAL POLITICAL EXPENDITURES	^{\$} 194.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTINUOUS IN ACCOUNT	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$0
	swear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	dung 2	n
	Signature of Cano	didate or Officeholder
	Please complete either option below	MAT.
	Please complete entire option solo	•••
(1) Affidavit	AMANDA COLEMAN MY COMMISSION EXPIRES SEPTEMBER 13, 2027 NOTARY ID: 132173422	
NOTARY STAMP/SE.		e 12th day of January,
- 11	fy which, witness my hand and seal of office.	(~
20 to certif	y which witness my hand and sear of office.	Election Offices
Mas	lering oath Printed name of officer administering oath	Title of officer administering oath
Signature of officer adminis		
	OR	N. T. S. W. S.
(2) Unsworn Declara	tion	
My name is	and my date of birth	is
	(street) (city)	(state) (zip code) (country)
Executed in	County. State of on the day of	onth) 20 (year)
	Signature of Car	ndidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH

COVER SHEET PG 3				
19 FILER	nmission Filers)			
21 SCHEI NAME	SUBTOTAL AMOUNT			
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS		\$	
5, 🔽	5 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7,	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	\$			
10.	\$			
11: SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	
12,	\$			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Everit Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Expense Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1;			3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2023	5 Payee name USPS		
6 Amount (\$) 194.00	7 Payee address: 4450 Oak Park Lane	city; Ft. Worth	State; Zip Code TX 76109
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fundraising expense	(b) Description post office box	C .
	(c) Check if travel ourside of Texas_Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED
			D. 1 1 0147/00