

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 Mrs.	FIRST Anne	MI
	NICKNAME	LAST Darr	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 2542 Stadium Drive, Fort Worth, TX 76109	APT / SUITE #;	CITY; STATE; ZIP CODE
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 223-1776
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Kelly	MI
	NICKNAME	LAST Soter-Gunn	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4329 Selkirk Dr W, Ft. Worth, TX 76109		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 723-7548	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
	01	01	2023
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) FWISD School Board Trustee, District 6	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
RECEIVED
JUL 17 2023
Board of Education

Date: Hand-delivered or Date Postmarked

Receipt # _____ Amount \$ **0**

Date Processed **7-17-23**

Date Imaged **7-17-23**


GO TO PAGE 2

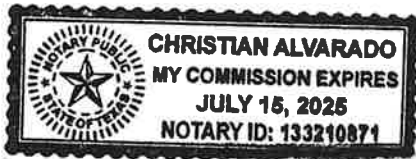
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <p style="text-align: center;">Anne Darr</p>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1158.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8231.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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 of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Anne Darr this the 17th day of July, 2023, to certify which, witness my hand and seal of office.
Christian Alvarado Christian Alvarado Coordinator
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3050.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1158.37
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Erwin	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 5009 Westhaven Dr Ft. Worth TX 76132		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alison Creed	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 12106 Rip Van Winkle Dr Houston TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Beck	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 4800 S Ridge Terr Ft. Worth TX 76133		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Scott	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7100 Chuck Wagon Trail Austin TX 78749		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1; 8
2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Schaub 6 Contributor address; City; State; Zip Code 111 Killdeer Ct Southlake TX 76092	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Lanter Contributor address; City; State; Zip Code 2624 Boyd Ave Ft. Worth TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Martin Contributor address; City; State; Zip Code 5009 Westhaven Dr Ft. Worth TX 76132	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandry Manzke Contributor address; City; State; Zip Code 3840 Winslow Dr Ft. Worth TX 76109	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Anderson 6 Contributor address; City; State; Zip Code 7401 Todd Circle McKinney TX 75072	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Barnes Contributor address; City; State; Zip Code P.O. Box 100836 Ft. Worth TX 76185	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aracely Chavez Contributor address; City; State; Zip Code 6920 Wicks Tr Ft. Worth TX 76133	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenda Appleby Contributor address; City; State; Zip Code 2909 Benbrook Blvd Ft. Worth TX 76109	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwenn Burud 6 Contributor address; City; State; Zip Code 9468 Smiths Park Lane Ft. Worth TX 76177	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn McGuff Contributor address; City; State; Zip Code 6032 Wester Ave Ft. Worth TX 76133	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Hughes Contributor address; City; State; Zip Code 3408 View St Ft. Worth TX 76103	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracey Barnett Contributor address; City; State; Zip Code 2204 Hawthorne Ave Ft. Worth TX 76110	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Clark	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 6832 Middle Rd Ft. Worth TX 76116		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Williams	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4308 Selkirk Dr W Ft. Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Moye	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1800 6th Ave Ft. Worth TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Henry	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2559 Boyd Ave Ft. Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jody Bergman	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 1311 Mount Gilead Rd Keller TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beth & John Paul McLaughlin	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 6156 Waco Way Ft. Worth TX 76133		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Stein	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4990 Winkler Trail Schertz TX 78108		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anita Quinones	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 4232 Selkirk Dr W Ft. Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Wassenich	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 5221 Pebblebrook Dr Dallas TX 75229		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Smart	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3120 Spanish Oak Dr Ft. Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Titus	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 3704 Brighton Rd Ft. Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandi Kennedy	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4750 Bellaire Dr S Ft. Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather and Steven Harris	7 Amount of contribution (\$) 150.00
6 Contributor address; City; State; Zip Code 2575 Highview Terr Ft. Worth TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Fackel	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3905 Clayton Rd W Ft. Worth TX 76116		
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 (\$)
Contributor address; City; State; Zip Code		
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 (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1; 2	2 FILER NAME Anne Darr	3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2023	5 Payee name Stuart Clegg	
6 Amount (\$) 400.00	7 Payee address; 3201 Odessa Ave	City; State; Zip Code Fort Worth TX 76109
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description large sign placement/removal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/22/23	Payee name Lettuce Cook	
Amount (\$) 324.75	Payee address; 5101 White Settlement Rd	City; State; Zip Code Ft. Worth TX 76114
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description fundraising food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/1/23-6/30/23	Payee name Anedot	
Amount (\$) 126.84	Payee address; anedot.com	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) accounting/banking	Description online transaction fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Anne Darr	3 Filer ID (Ethics Commission Filers)
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4 Date 1/23/2023	5 Payee name Murphy Nasica
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6 Amount (\$) 23.00	7 Payee address; P.O. Box 1648	City; Austin	State; TX	Zip Code 78767
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description domain renewal
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/7/2023	Payee name USPS
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Amount (\$) 97.00	Payee address; 4450 Oak Park Lane	City; Ft. Worth	State; TX	Zip Code 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fundraising expense	Description post office box
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/22/23	Payee name Costco
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Amount (\$) 186.78	Payee address; 5300 Overton Ridge Blvd	City; Ft. Worth	State; TX	Zip Code 76132
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fundraising expense	Description fundraising food
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED