

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	OFFICE USE ONLY Date Received <div style="font-size: 2em; color: red; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; color: red; font-weight: bold;">JAN 17 2023</div> <div style="font-size: 1.2em; color: red; font-weight: bold;">Board of Education</div> Date Hand-delivered: 1-17-23 Date Postmarked Receipt # Amount \$ Date Processed 1-17-23 Date Imaged 1-17-23
	NICKNAME	LAST Darr	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE			
	2542 Stadium Drive, Fort Worth, TX 76109			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION			
	(817) 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 PHONE NUMBER EXTENSION			
	(817) 723-7548			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
	07 01 2022		12 31 2022	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Anne Darr

16 Filer ID (Ethics Commission Filers)

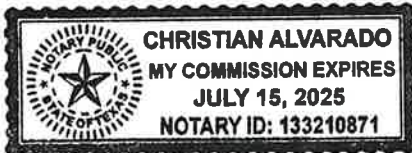
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 75.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6083.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 227.63
	4. TOTAL POLITICAL EXPENDITURES	\$ 4062.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6139.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 January,

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 Anne Darr		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6008.37
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	\$ 3834.54
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: 6
2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg Henry Lehman	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2028 Windsor Pl Ft. Worth, TX 76110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lou Ellen Cole	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1205 Virginia Pl Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobi Worley Jackson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2108 Yosemite Pl Ft. Worth, TX 76112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline M. Ferguson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3741 Summercrest Dr Ft. Worth, TX 76109		
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: 6
2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold Gachman	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 1229 Shady Oaks Ln Ft. Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mragaret Willbern Demoss	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2600 W 7th St #2644 Ft. Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerre Tracy	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2734 Colonial Pkwy Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston Geren	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1200 Washington Terr. Ft. Worth, TX 76107		
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

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2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Wallace 6 Contributor address: City: State: Zip Code 2525 Boyd Ave Ft. Worth, TX 76109	7 Amount of contribution (\$) 95.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie George Contributor address: City: State: Zip Code 1901 Ben Hall Court Ft. Worth, TX 76110	Amount of contribution (\$) 23.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly Hyry Contributor address: City: State: Zip Code 4221 Blackhaw Ave Ft. Worth, TX 76109	Amount of contribution (\$) 47.69
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Nader Contributor address: City: State: Zip Code 2211 Weatherbee Ft. Worth, TX 76110	Amount of contribution (\$) 95.70
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 11/16/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Johnson	7 Amount of contribution (\$) 47.69
6 Contributor address; City; State; Zip Code 3824 South Dr Ft. Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russ Peterman	Amount of contribution (\$) 479.70
Contributor address; City; State; Zip Code 2624 Greene Ave Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Brown	Amount of contribution (\$) 95.70
Contributor address; City; State; Zip Code 2112 Pembroke Dr Ft. Worth, TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody Sanders	Amount of contribution (\$) 191.70
Contributor address; City; State; Zip Code 2225 Ward Parkway Ft. Worth, TX 76110		
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 11/28/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scioscia Flowers	7 Amount of contribution (\$) 95.70
6 Contributor address; City; State; Zip Code 6731 Trail Cliff Way Ft. Worth, TX 76132		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Baggs Kamacioglu	Amount of contribution (\$) 47.69
Contributor address; City; State; Zip Code 3105 Preston Hollow Rd Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lise Bessant	Amount of contribution (\$) 95.70
Contributor address; City; State; Zip Code 2237 Winton Terr W Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie O'Neil	Amount of contribution (\$) 191.70
Contributor address; City; State; Zip Code 4051 Hildring Dr E Ft. Worth, TX 76109		
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 11/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven R Poole	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 3612 W 5th St Ft. Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Soter-Gunn	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4329 Selkirk Dr W Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. Gray Mills	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3816 Lenox Dr Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 1	2 FILER NAME Anne Darr	3 Filer ID (Ethics Commission Filers)
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4 Date 08/03/2022	5 Payee name Murphy Nasica
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6 Amount (\$) 3280.95	7 Payee address; 919 Congress Ave	City: Austin, TX	State:	Zip Code 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense	(b) Description campaign consulting
	(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 11/17/2022	Payee name Wine Haus
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Amount (\$) 451.44	Payee address; 1628 Park Place Ave	City: Ft. Worth, TX	State:	Zip Code 76110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description beverages for campaign event
	<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 11/16/2022	Payee name Anne Darr
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Amount (\$) 102.15	Payee address; 2542 Stadium Drive	City: Fort Worth, TX	State:	Zip Code 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description plates and beverages
	<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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