

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="color: red; font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="color: red; font-size: 1.2em; font-weight: bold;">JUL 15 2019</div> <div style="color: red; font-size: 1.2em; font-weight: bold;">Board of Education</div> Date <u>Hand-delivered</u> or Date Postmarked <div style="color: red; font-size: 1.2em; font-weight: bold;">7-15-19</div> Receipt # Amount \$ Date Processed <div style="color: red; font-size: 1.2em; font-weight: bold;">7-15-19</div> Date Imaged |
| | NICKNAME | LAST | SUFFIX | |
| | | | | |
| Darr | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of 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 Mrs. | FIRST MaryEmily | MI | |
| | NICKNAME | LAST | SUFFIX | |
| | | | Pardue | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| | 3804 Overton Park Drive West Fort Worth, TX 76109 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (817) | 455-2199 | | |
| 9 REPORT TYPE | <input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month | Day | Year | |
| | 04 | 25 | 2019 | |
| THROUGH | | | Month Day Year | |
| THROUGH | | | 06 / 30 / 2019 | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month | Day | Year | |
| 05 / 04 / 2019 | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | | |
| | | <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) | |
| | FWISD School Board Trustee District 6 | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

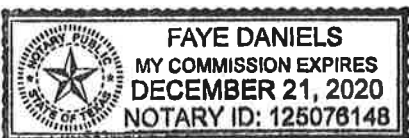
**FORM C/OH
COVER SHEET PG 2**

| | |
|---|---|
| 14 C/OH NAME <p style="text-align:center">Anne Darr</p> | 15 Filer ID (Ethics Commission Filers) |
|---|---|

| | | |
|---|---|----------------|
| 16 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | COMMITTEE ADDRESS | |
| | COMMITTEE CAMPAIGN TREASURER NAME <p style="text-align:center">MaryEmily Pardue</p> | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS <p style="text-align:center">3804 Overton Pk Dr West</p> | |

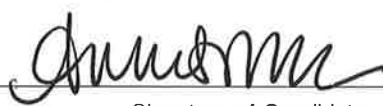
| | | |
|--------------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$13,617.83 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 26.60 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 18,417.43 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 145.10 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 AFFIDAVIT



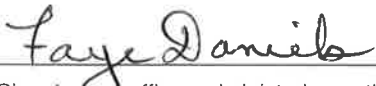
AFFIX NOTARY STAMP / SEAL ABOVE

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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anne Darr, this the 15th day of July, 2019, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Faye Daniels

 Printed name of officer administering oath

Exec. Sec.

 Title of officer administering oath

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 | \$ 10,050.00 |
| 2. | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 3,567.83 |
| 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 | \$ 18,319.26 |
| 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 checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 71.57 |
| 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1/5

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/19

5 Full name of contributor

Harold Muckleroy Jr.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

3455 Ranch View Court, Fort Worth TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/20/19

Full name of contributor

William A. Massad

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

15 Westover Rd., Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/19

Full name of contributor

Wesley Turner

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

2717 Colonial Pkwy, Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/19

Full name of contributor

GREAT SCHOOLS GREAT CITY SPAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

6387 Camp Bowie Blvd. Suite B, PMB #334, Fort Worth TX 76110

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2/5

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date
4/24/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Gail Williamson Rawl

7 Amount of contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code
4 Westover Rd, Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/24/19

Full name of contributor out-of-state PAC (ID#: _____)
David Thorton

Amount of contribution (\$) \$250.00

Contributor address; City; State; Zip Code
PO BOX 471609, Fort Worth TX 76147

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/24/19

Full name of contributor out-of-state PAC (ID#: _____)
Richard Hubbard

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
1824 Westover Square, Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/27/19

Full name of contributor out-of-state PAC (ID#: _____)
Debbie (Tom) Malone

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
2529 Waits Avenue, Fort 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3/5

2 FILER NAME
Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date
4/30/19

5 Full name of contributor out-of-state PAC (ID#: _____)
O.P. Leonard Jr. Investment Co.

7 Amount of contribution (\$)
\$150.00

6 Contributor address; City; State; Zip Code
PO BOX 1718, Fort Worth TX 76101

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/30/19

Full name of contributor out-of-state PAC (ID#: _____)
Carlos E Flores

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
1415 Circle Park Blvd, Fort Worth TX 76164

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/1/19

Full name of contributor out-of-state PAC (ID#: _____)
Beverly Riley

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
1017 S FM Road 5, Aledo TX 76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/6/19

Full name of contributor out-of-state PAC (ID#: _____)
GREAT SCHOOLS GREAT CITY SPAC

Amount of contribution (\$)
\$3,000.00

Contributor address; City; State; Zip Code
6387 Camp Bowie Blvd. Suite B, PMB #334, Fort Worth TX 76110

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4/5

2 FILER NAME
Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date
5/7/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Paul E Andrews Jr

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
8400 West Freeway, White Settlement TX 76108

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5/7/19

Full name of contributor out-of-state PAC (ID#: _____)
Good Government Fund

Amount of contribution (\$)
\$750.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/7/19

Full name of contributor out-of-state PAC (ID#: _____)
PSEL

Amount of contribution (\$)
\$750.00

Contributor address; City; State; Zip Code
201 Main St Suite 2500, Fort Worth TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/8/19

Full name of contributor out-of-state PAC (ID#: _____)
Margaret W. DeMoss

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
2600 W. 7th St. #2644, Fort Worth TX 76107

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5/5

2 FILER NAME
Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date
5/15/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Thomas Boswell

7 Amount of contribution (\$) \$150.00

6 Contributor address; City; State; Zip Code
3700 Potomac, Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5/20/19

Full name of contributor out-of-state PAC (ID#: _____)
Linebarger Goggan Blair & Sampson, LLP Attorneys at Law

Amount of contribution (\$) \$2,000.00

Contributor address; City; State; Zip Code
PO BOX 17428, Austin TX 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/7/19

Full name of contributor out-of-state PAC (ID#: _____)
Anne & Richard Darr

Amount of contribution (\$) \$300.00

Contributor address; City; State; Zip Code
2542 Stadium Drive, Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
1

2 FILER NAME
Anne Darr

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date
05/05/19

6 Full name of contributor out-of-state PAC (ID#: _____)
Aneal Luebanos Campaign Fund

8 Amount of Contribution \$
\$3,567.83

9 In-kind contribution description
advertising and canvassing

7 Contributor address; City; State; Zip Code
3321 Ryan Ave, Fort Worth TX 76110

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1/4 | 2 FILER NAME Anne Darr | 3 Filer ID (Ethics Commission Filers) |
|--|----------------------------------|--|

| | |
|--------------------------|--|
| 4 Date 4/25/19 | 5 Payee name RSW Cine, Inc / Flagstick Films |
|--------------------------|--|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$53.50 | 7 Payee address; City; State; Zip Code PO BOX 174957 Arlington, TX 76003 |
|---------------------------------|--|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <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 4/29/19 | Payee name Murphy Nascia |
|-----------------|-----------------------------|

| | |
|--------------------------|---|
| Amount (\$) \$4515.91 | Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701 |
|--------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <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 5/1/19 | Payee name Murphy Nascia |
|----------------|-----------------------------|

| | |
|--------------------------|---|
| Amount (\$) \$1500.00 | Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701 |
|--------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | |
|---|---|--|-------------------------------|---------------|
| 1 Total pages Schedule F1: 2/4 | 2 FILER NAME Anne Darr | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 5/1/19 | 5 Payee name Murphy Nascia | | | |
| 6 Amount (\$) \$1811.66 | 7 Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | |
| Date 5/8/19 | Payee name Murphy Nascia | | | |
| Amount (\$) \$1000.00 | Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | |
| Date 5/8/19 | Payee name Murphy Nascia | | | |
| Amount (\$) \$559.02 | Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3/4 | 2 FILER NAME Anne Darr | 3 Filer ID (Ethics Commission Filers) |
|--|----------------------------------|--|

| | |
|---------------------------|--------------------------------------|
| 4 Date 05/20/19 | 5 Payee name Murphy Nascia |
|---------------------------|--------------------------------------|

| | |
|-----------------------------------|--|
| 6 Amount (\$) \$1500.00 | 7 Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701 |
|-----------------------------------|--|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date 5/20/19 | Payee name Murphy Nascia |
|-----------------|-----------------------------|

| | |
|--------------------------|---|
| Amount (\$) \$3210.00 | Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701 |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date 5/30/19 | Payee name Murphy Nascia |
|-----------------|-----------------------------|

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|--------------------------|---|
| Amount (\$) \$3051.67 | Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701 |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 4/4 | 2 FILER NAME Anne Darr | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/10/19 | 5 Payee name Mulholland's Custom Imprints | |
| 6 Amount (\$) \$867.50 | 7 Payee address; City; State; Zip Code 1332 N. Main Street Fort Worth, TX 76164 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <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 6/21/19 | Payee name Murphy Nascia | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <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 | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule G: 1/1 | 2 FILER NAME Anne Darr | 3 Filer ID (Ethics Commission Filers) |
|---|----------------------------------|--|

| | |
|--------------------------|---|
| 4 Date 6/14/19 | 5 Payee name Mullhollands Custom Imprints |
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| | |
|---|---|
| 6 Amount (\$) \$71.57 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1332 N. Main Street Fort Worth, TX 76164 |
|---|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <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 | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <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 | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <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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