

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: 12				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Anne	MI 	OFFICE USE ONLY Date Received RECEIVED APR 26 2019 Board of Education Date <u>Hand-delivered</u> or Date Postmarked 4-26-19 Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____			
	NICKNAME Darr	LAST 	SUFFIX 				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; 2542 Stadium	CITY; STATE; ZIP CODE Fort Worth TX 76109					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 223-1766	EXTENSION 				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST MaryEmily	MI 				
	NICKNAME Pardue	LAST 	SUFFIX 				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 3804 Overton Pk Dr West		CITY; STATE; ZIP CODE Fort Worth TX 76109				
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 455-2199	EXTENSION 				
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 type="checkbox"/> July 15 <input checked="" 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 03	Day 25	Year 2019	THROUGH	Month 04	Day 24	Year 2019
11 ELECTION	ELECTION DATE Month Day Year 05 04 2019		ELECTION TYPE <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, District 6 seat			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Anne Darr **15 Filer ID (Ethics Commission Filers)**

16 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 / 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.

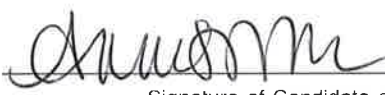
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

MaryEmily Pardue
3804 Overton Pk Dr West Fort Worth, TX 76109

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 160.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,260.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,935.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,948.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anne Darr, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Laura Litton
 Printed name of officer administering oath

Asst.
 Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Anne Darr		
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,750.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,350.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,808.95
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 127.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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

3/27/19

5 Full name of contributor

Ashley Parsons

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

6 Contributor address;

4321 Bilglade Road

City; State; Zip Code

Fort Worth, TX 76109

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/27/19

Full name of contributor

Louise Appleman

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

Contributor address;

3855 Bellaire Circle

City; State; Zip Code

Fort Worth, TX 76109

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/19

Full name of contributor

Lisa Wallace

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

Contributor address;

2525 Boyd Avenue

City; State; Zip Code

Fort Worth, TX 76109

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/19

Full name of contributor

Julie Lourcey

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

Contributor address;

3117 Preston Hollow Rd Fort Worth, TX 76109

City; State; Zip Code

Amount of contribution (\$)

\$300.00

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

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
3/29/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Susan & Richard Hill

7 Amount of contribution (\$)
\$350.00

6 Contributor address; City; State; Zip Code
4509 Ridgeway Rd Fort Worth, TX 76126

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/29/19

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

Amount of contribution (\$)
\$1000.00

Contributor address; City; State; Zip Code
2821 Manorwood Trl Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/2/19

Full name of contributor out-of-state PAC (ID#: _____)
Greater Fort Worth Realtors Assoc

Amount of contribution (\$)
\$3000.00

Contributor address; City; State; Zip Code
2650 Parkview Dr Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/1/19

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
3840 Arroyo Road 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
4/5/19

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
6270 Firth Road Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/5/19

Full name of contributor out-of-state PAC (ID#: _____)
Sherrie & Roger Eppstein

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4200 Glenwood Dr. Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/7/19

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
4817 River View Dr Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/11/19

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
6341 Klamath Rd. Fort Worth, TX 76116

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
4/13/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Lee-Anne Bradley

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
4405 Briarhaven Road Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/15/19

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

Amount of contribution (\$)
\$5000.00

Contributor address; City; State; Zip Code
TCU BOX 297900 Fort Worth, TX 76129

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/16/19

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
3928 Thistle Lane Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/16/19

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

Amount of contribution (\$)
\$750.00

Contributor address; City; State; Zip Code
PO BOX 100066 Fort Worth, TX 76185

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
4/20/19

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
4400 Briarhaven Road Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/20/19

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
PO Box 123 Bethany, WV 26032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/23/19

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
3207 W 4th Street Fort Worth, TX 76107

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: 1/1	
2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 5350.00	
5 Date 4/10/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RSW Cine	8 Amount of Contribution \$ \$5350.00	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code PO BOX 174957 Arlington, TX 76003		<input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/2	2 FILER NAME Anne Darr	3 Filer ID (Ethics Commission Filers)
--	----------------------------------	--

4 Date 3/25/19-4/24/19	5 Payee name Anedot Inc.
----------------------------------	------------------------------------

6 Amount (\$) \$82.83	7 Payee address; City; State; Zip Code 1920 McKinney Ave. Dallas TX 75201 7th Floor,
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(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 03/26/19	Payee name Murphy Nasica
------------------	-----------------------------

Amount (\$) \$3210.00	Payee address; City; State; Zip Code 815-A Brazos St Austin, TX 78701 Ste. 304
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) polling 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 4/9/19	Payee name Murphy Nasica
----------------	-----------------------------

Amount (\$) 4219.82	Payee address; City; State; Zip Code 815-A Brazos St Austin, TX 78701 Ste. 304
------------------------	--

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	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	2 FILER NAME Anne Darr	3 Filer ID (Ethics Commission Filers)			
4 Date 4/9/19	5 Payee name Murphy Nasica				
6 Amount (\$) \$1800.00	7 Payee address; City; State; Zip Code 815-A Brazos St Austin, TX 78701 Ste. 304				
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 border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4/15/19	Payee name Murphy Nasica				
Amount (\$) \$2396.30	Payee address; City; State; Zip Code 815-A Brazos St Austin, TX 78701 Ste. 304				
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 border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4/22/19	Payee name Murphy Nasica				
Amount (\$) \$5100.00	Payee address; City; State; Zip Code 815-A Brazos St Austin, TX 78701 Ste. 304				
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 border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1/1	2 FILER NAME Anne Darr	3 Filer ID (Ethics Commission Filers)
--	----------------------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 127.00
--	------------------

5 Date 4/22/19	6 Payee name Mulholland Custom Imprints
--------------------------	---

7 Amount (\$) \$127.00	8 Payee address; City; State; Zip Code PO Box 470697 Fort Worth, TX 76164
----------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 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
----------------------------------	--	--

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	---

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