

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 28</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR D FIRST Anne MI S. NICKNAME LAST SUFFIX</p>		<p>OFFICE USE ONLY</p> <p>Date Received RECEIVED APR 04 2019 Board of Education</p> <p>Date <u>Hand-delivered</u> or Date Postmarked 4-4-19</p> <p>Receipt # Amount \$</p> <p>Date Processed 4-4-19</p> <p>Date Imaged</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2542 Stadium Jr. Wash Tx 76109</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (817) 223-1776</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR D FIRST Maryfamily MI A. NICKNAME LAST SUFFIX Pardue</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3804 Overton Pk Dr W. Jr. Wash Tx 76109</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (817) 455-2199</p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year 01 / 17 / 2019 THROUGH 03 / 25 / 2019 </p>		
<p>11 ELECTION</p>	<p> ELECTION DATE: Month Day Year ELECTION TYPE: 05 / 04 / 19 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) FWISD School Board Trustee </p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Anne S. 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

Mary Emily Pardue

COMMITTEE CAMPAIGN TREASURER ADDRESS

3804 Overton PK Dr W. Ft Worth, TX
76109

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 975.10

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 15,734.27

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 7,858.79

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

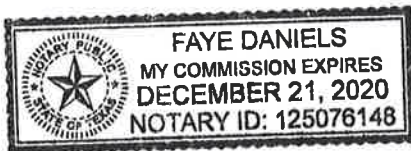
\$ 5,519.98

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -

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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anne Darr, this the 4th
day of April, 2019, to certify which, witness my hand and seal of office.

Faye Daniels
Signature of officer administering oath

Faye Daniels
Printed name of officer administering oath

Executive Sec.
Title of officer administering oath

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

19 FILER NAME <i>Anne Darr</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>15,734.27</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>325.00</i>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>3,000.00</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7743.72</i>
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	\$ <i>115.07</i>
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:

1/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

02/07/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kristin Anderson

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

4149 Ranier Ct. Ft Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/14/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Steven & Heather Harris

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2575 Highview Terrace, Ft Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Daralynn Deardorff

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

3212 Tanglewood Trail Ft Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Josh Wilken

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

8490 Gibson Hill Rd Painted Post, NY 14870

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:

2/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Valerie Jacobs

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

3721 Somerset Lane Ft Worth TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/16/19

Full name of contributor

☐ out-of-state PAC (ID#:

John Dewar

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2932 Owenwood Ft Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/19

Full name of contributor

☐ out-of-state PAC (ID#:

Susan Titus

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

3704 Brighton Rd. Ft Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/18/19

Full name of contributor

☐ out-of-state PAC (ID#:

Karen Dowler

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

4300 NW Ter. Edmond, OK 73013

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:

3/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

08/18/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jennifer Kamacioglu

6 Contributor address; City; State; Zip Code

3105 Preston Hollow Rd Ft Worth, TX 76109

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/19/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Hall

Contributor address; City; State; Zip Code

13400 Oak Glen Rd. Oak Glen, CA 92399

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lisa Clark

Contributor address; City; State; Zip Code

16832 Middle Rd Ft Worth, TX 76116

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jody Neathery - Castro

Contributor address; City; State; Zip Code

3822 Center St Omaha, NE 68105

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

08/19/19

5 Full name of contributor

Megan Mikulencak

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

8712 Colonial Pkwy Ft Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/20/19

Full name of contributor

Carolyn Scott

☐ out-of-state PAC (ID#:

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)

Date

08/20/19

Full name of contributor

Bob & Carol Stewart

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

3636 South Hills Ave. Ft Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/21/19

Full name of contributor

Jeremy Paterson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

4721 Boulder Run 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

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule A1: 5/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

08/21/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Libby Manning

6 Contributor address;

City; State; Zip Code

2217 8th Ave Ft Worth, TX 76110

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/21/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Laura & Todd Miller

Contributor address;

City; State; Zip Code

3897 South Hills Circle Ft Worth TX 76109

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tobi Jackson

Contributor address;

City; State; Zip Code

2108 Yosemite Ct Ft Worth, TX 76112

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Executive Director

Date

08/22/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sarah Tempel

Contributor address;

City; State; Zip Code

3318 Avondale Ft Worth, TX 76109

Amount of contribution (\$)

\$100.00

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:

6/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

08/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Martha Leonard

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

1411 Shady Oaks Lane Ft Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

Russ & Kelli Peterman

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

4316 Brairhaven Ft. Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/19

Full name of contributor

☐ out-of-state PAC (ID#:

Anne Rooney

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

3705 Autumn Dr Ft Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/19

Full name of contributor

☐ out-of-state PAC (ID#:

David Nolan

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3128 Chaparral Lane 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

02/23/19

5 Full name of contributor

Steve & Jennifer Litke

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

2025 Ward Pkwy Ft Worth TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/23/19

Full name of contributor

Bobby Darr

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4821 Belladonna Dr Ft Worth, TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/25/19

Full name of contributor

Anne Sutherland

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

4028 Aragon Dr Ft Worth, TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

02/25/19

Full name of contributor

Steven Poole

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,000.00

Contributor address;

City; State; Zip Code

3612 W. 5th Ft Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

UEA Executive Director

UEA

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:

8/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

02/26/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joseph Martin

7 Amount of contribution (\$)

\$50.00

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

02/28/19

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 Ft Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/01/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Aracely Chavez

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

6920 Wicks Trail Ft Worth TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Omar Selod

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4851 High Country Dr Ft Worth TX 76132

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: **9/18**

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

03/03/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Terre Tracy

6 Contributor address; City; State; Zip Code

2734 Colonial Pkwy Ft Worth, TX 76109

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/03/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bill & Manferny Padue

Contributor address; City; State; Zip Code

3804 Overton Pk Dr W. Ft Worth, TX 76109

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Russell Peterman

Contributor address; City; State; Zip Code

4316 Braishaven Rd Ft Worth, TX 76109

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tracie McCrary

Contributor address; City; State; Zip Code

3142 Westcliff Rd W. 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

03/04/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kelly Sater-Gunn

6 Contributor address;

City; State; Zip Code

4329 Selkirk Dr W. Ft Worth, TX 76109

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/04/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amy Nettle

Contributor address;

City; State; Zip Code

4720 Boulder Run Ft Worth, TX 76109

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amy Jacobs

Contributor address;

City; State; Zip Code

3721 Fox Hollow St Ft Worth TX 76109

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dick Abrams

Contributor address;

City; State; Zip Code

6145 Wedgwood Dr. Ft Worth, TX 76133

Amount of contribution (\$)

\$500.00

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:

11/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

03/06/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Julie O'Neil

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

4051 Hildring Dr. E. Ft Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/06/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Scott Wheatley

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

2228 Wilshire Blvd Ft Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/06/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marie Doyle

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

6035 Providence Cumming, GA 30040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Peggy Brown

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4600 El Campo Ave Ft 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:

12/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

03/09/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Denise Ho

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

4717 Foxfire Way Ft Worth TX 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/09/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Meredith Pogson

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

4611 Collinwood Ave. Ft Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/09/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Greta Hallgren

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

3537 Suffolk Dr. Ft Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/09/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jennifer Lanter

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

2624 Boyd Ave 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

03/10/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sterling Lauer

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

4808 Springwillow Rd Ft Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/10/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lou Ellen Cole

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1205 Virginia Place Ft Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Elizabeth Ray

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

5914 El Campo Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Margaret DeMoss

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2600 W. 7th #2644 Ft. 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:

14/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

03/11/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Bill Wiedenhoff

6 Contributor address;

City; State; Zip Code

3216 Sweetbriar Lane Ft Worth, TX 76109

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/11/19

Full name of contributor

☐ out-of-state PAC (ID#:

Jason & Kim Ray

Contributor address;

City; State; Zip Code

2703 Pindak Lane Arlington, TX 76012

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/19

Full name of contributor

☐ out-of-state PAC (ID#:

Ralph Duggins

Contributor address;

City; State; Zip Code

600 W. 6th Suite 300 Ft Worth, TX 76102

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/12/19

Full name of contributor

☐ out-of-state PAC (ID#:

Denny Alexander

Contributor address;

City; State; Zip Code

4200 S. Hulen Suite 617 Ft Worth TX 76109

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:

15/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

03/12/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clay Brantz

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

4911 Bryce Ave. Ft Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/13/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pennie Casey

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

2537 Stadium Ft Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/14/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andrea Cox

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

6864 Chickering Ft. Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/14/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carolyn Bell

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

3509 Elm Creek Ct 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

16/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

03/15/19

5 Full name of contributor

Nelda Mills

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 300.00

6 Contributor address;

City; State; Zip Code

3816 Lenox Dr. Ft Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/17/19

Full name of contributor

Alicia Woods

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

3912 Thistle Lane Ft Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/17/19

Full name of contributor

Melinda Rogers

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

3302 Castlewood Blvd Highland Village, TX 75077

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/19

Full name of contributor

Stephanie Allen

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

2434 Wabash Ave. 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

03/21/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Isaac Manning

6 Contributor address;

City; State; Zip Code

2217 Windsor Pl. Ft Worth, TX 76110

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/21/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Coffey

Contributor address;

City; State; Zip Code

2566 Shirley Ave. Ft. Worth, TX 76109

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bradford Barnes

Contributor address;

City; State; Zip Code

4450 Harley Ave. Ft Worth, TX 76107

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/22/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mollie Lasater

Contributor address;

City; State; Zip Code

3815 Lisbon Ft Worth TX 76107

Amount of contribution (\$)

\$500.00

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:

18/18

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

03/17/19

5 Full name of contributor

Judy O'Donnell

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

5428 Regal Dr. Ft Worth, TX 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/25/19

Full name of contributor

Bryan Eppstien

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

2908 Alton Rd. Ft 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)

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 <u>5</u> Schedule A2:	
2 FILER NAME <u>Anne Darr</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>105.00</u>	
5 Date <u>02/22/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Julie O'Neil</u>	8 Amount of Contribution \$ <u>\$120.00</u>	9 In-kind contribution description <u>Food / Beverage</u>
7 Contributor address; City; State; Zip Code <u>4051 Hildring Dr E. # Worth TX 76109</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Professor & Assoc. Dean</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>T.C.U.</u>	
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 <u>02/22/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Cathy Taylor</u>	Amount of Contribution \$ <u>\$100.00</u>	In-kind contribution description <u>Food / Beverage</u>
Contributor address; City; State; Zip Code <u>4400 Briarhaven Rd # Worth, TX 76109</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Realtor - President</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Helen Painter Group Realtors</u>	
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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>111</u>	
2 FILER NAME <u>Anne Darr</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <u>0</u>	
5 Date <u>03/15/19</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <u>Greater Fort Worth Assoc. of Realtors</u>	8 Amount of Pledge \$ <u>\$ 3000.00</u>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <u>2650 Parkview Dr Ft Worth, TX 76102</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

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 01/30/19	5 Payee name Murphy Nasica	
6 Amount (\$) \$49.74	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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 02/01/19	Payee name Murphy Nasica	
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 02/12/19	Payee name Murphy Nasica	
Amount (\$) \$295.00	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	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: <u>2/4</u>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date <u>02/14/19</u>	5 Payee name <u>Murphy Nasica</u>				
6 Amount (\$) <u>\$1405.00</u>	7 Payee address; City; State; Zip Code <u>815-A Brazos St. Ste. 304</u> <u>Austin, TX 78701</u>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>				
	(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					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <u>03/12/19</u>	Payee name <u>Murphy Nasica</u>				
Amount (\$) <u>\$500.00</u>	Payee address; City; State; Zip Code <u>815-A Brazos St. Ste 304</u> <u>Austin, TX 78701</u>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>				
	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					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <u>03/12/19</u>	Payee name <u>Murphy Nasica</u>				
Amount (\$) <u>\$1735.00</u>	Payee address; City; State; Zip Code <u>815-A Brazos St. Ste 304</u> <u>Austin, TX 78701</u>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>				
	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					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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: 314	2 FILER NAME: Anne Darr	3 Filer ID (Ethics Commission Filers)
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4 Date: 03/13/19	5 Payee name: Murphy Nasica
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6 Amount (\$): \$205.25	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
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 03/20/19	Payee name: Murphy Nasica
-----------------------	----------------------------------

Amount (\$): \$1,575.00	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): Printing	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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Date: 03/20/19	Payee name: Murphy Nasica
-----------------------	----------------------------------

Amount (\$): \$1,300.00	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
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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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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 Parr		3 Filer ID (Ethics Commission Filers)	
4 Date 02/07/19 - 03/27/19		5 Payee name Anedot Inc.			
6 Amount (\$) \$425.73		7 Payee address; City; State; Zip Code anedot.com 1920 McKinney Ave, 7th floor Dallas, TX 75201			
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		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	
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	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 G: 111	2 FILER NAME Anne Darr	3 Filer ID (Ethics Commission Filers)
4 Date 01/24/19	5 Payee name USPS	
6 Amount (\$) \$48.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Trinity River Branch 4450 Oak PK Lane Ft. Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office/ Rental 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 03/17/19	Payee name Staples
Amount (\$) \$55.08 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1660 S. University Dr. Ft Worth, TX 76107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: office supplies
(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 03/17/19	Payee name Amazon
Amount (\$) \$11.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code amazon.com
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: office supplies
(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED