CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mrs. Anne NAME NICKNAME LAST SUFFIX Darr JAN 14 2025 ADDRESS / PO BOX; APT / SUITE #; ZIP CODE 4 CANDIDATE / STATE: **OFFICEHOLDER** 2542 Stadium Drive, Fort Worth, TX 76109 MAILING FWISD - Legal Services **ADDRESS** Change of Address AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (817)223-1776 PHONE Amount \$ Receipt # MS / MRS / MR MI 6 CAMPAIGN TREASURER Kelly Ms. Date Processed NAME LAST NICKNAME Date Imaged Soter-Gunn ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign X January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Year COVERED 07/01 2024 31 / 2024 THROUGH 12 ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Primary Other Day Year Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE FWISD School Board Trustee, District 6 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMITAIG	T INAMOL ILLI OILI	
15 C/OH NAME	Anne Darr	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOAN CONTRIBUTIONS MADE ELECTRONICALLY)	1 6
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAN	NTEES OF LOANS)
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAT	
OUTSTANDING LOAN TOTALS	C. IOTALITATION METAMORITA OF MALE AND	
	wear, or affirm, under penalty of perjury, that the accompa	anying report is true and correct and includes all informati
	_dh	mosom
		Signature of Candidate or Officeholder
	Please complete either	option below:
(1) Affidavit	VERONICA SALCIDO RAMIREZ Notary ID #124300782 My Commission Expires August 12, 2026	
NOTARY STAMP/SEA	Λ —	
Sworn to and subscribed	before me by Anne Darr	this the 14th day of January
20 25 to certify	which, witness my hand and seal of office. Veronica Ramire	ez Notary Public
Signature of officer administer	, ,,	
100 200 000 150	OR	SEAST SEE SEE SEE SEE SEE SEE SEE SEE SEE S
(2) Unsworn Declarati	on	
My name is	, and	my date of birth is
My address is	4	(1)
Executed in	(street), county, State of, on the	(city) (state) (zip code) (country) day of, 20 (month) (year)
		Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co		mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
া.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	\$ 200.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 500.00	
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

If the requested information is not applicable, be not include this page in the report.							
	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	spayment/Reimbursement verthead/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Anne Darr						
4 Date 08/23/2024	5 Payee name USPS						
6 Amount (\$) 200.00	7 Payee address; 4450 Oak Park Lane	City; State; Zip Code Ft. Worth TX 76109					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fundraising expense	(b) Description post office box					
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held					
Date	Payee name						
Amount (\$)	Payee address;	City; State; Zip Code					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE		(a)					
	Check if travel outside of Texas- Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held					
Date	Рауее пате						
Amount (\$)	Payee address;	City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics (Commission Filers)				
	Anne Darr							
4 Date	5 Payee name							
12/3/2024	Fort Worth ISD Council of PTAs							
6 Amount (\$)	7 Payee address;	City	State	Zip Code				
500.00	9853 Brazoria Trail		Benbrook, TX 76	3126				
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se required.)	e instructions regarding type	of information				
EXPENDITURE	other	donation to PT	As					
Date	Payee name							
Amount (\$)	Payee address;	City	State	Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories,)	Description (Se required.)	ee instructions regarding type	of information				
Date	Payee name							
Amount (\$)	Payee address;	City	State	Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions regarding type	of information				
Date	Payee name							
Amount (\$)	Payee address;	City	State	Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions regarding type	of information				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								