# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

			1			
1 Filer ID (Ethics Comn	nission Filers)	2 Total pages filed:	OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Mrs. Anne  NICKNAME LAST  Darr	MI SUFFIX	RECEIVED			
4 ORIGINAL REPORT TYPE  5 ORIGINAL PERIOD COVERED	July 15 Ex IIIm Sth day before election 15 app	th day after treasurer pointment (officeholder only)  Month Day Year	Date Hand-dipend 2 Pate 2025 arked  REWISD - Legal-Services  Date Processed  Date Imaged			
00121120	07 / 01 / 2024 TI	HROUGH 12 / 31 /2024				
6 EXPLANATION OF CO Treasurer has chang		on of C/OH Campaign Financ n.	e Report. No data			
7 SIGNATURE I SWE	ear, or affirm, under penalty o	f perjury, that this corrected report	is true and correct.			
	ck ONLY if applicable:					
Semiannua	I reports: I swear, or affirm, that	the original report was made in good	faith and without an intent to			
— Other repor	o misrepre-sent the information	lling this corrected report not later tha	n the 14th business day after the			
date Hearn	ed that the report as originally file the report as originally filed was	ed is inaccurate or incomplete. I swe	ar, or affirm, that any error or			
	Signature of Candidate/Officeholder					
VERONICA SALCIDO RAMIREZ Notary ID #124300782 My Commission Expires August 12, 2026  VERONICA SALCIDO RAMIREZ Please complete either option below:						
NOTARY STAMP/SEAL  Sworn to and subscribed before me by Quine Darr this the 27th day of January						
Sworn to and subscribed before me by						
Signature of officer administering bath Printed name of officer administering bath OR						
(2) Unsworn Declaration						
My name is		, and my date of birth is				
My name is	tadium Drive		X 76109 USA			
	(street)	(city) (st	ate) (zip code) (country)			
Executed in Tarrant	County, State of Texas	S day of	20 (year)			
		Signature of Candida	ate/Officeholder (Declarant)			
Remember To Att	ach Any Part Of The Campaigr	n Finance Report Form Needed To F	Report And Explain Corrections			

### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

### INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- **1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction. Attach a complete copy of the corrected campaign finance report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.)
- 7. Signature. If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics C	ommission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. NICKNAME	Anne  LAST		MI	OFFICEUSEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 2542 Stadiun	Darr  APT / SUITE #;  n Drive, Fort Worth	city; state; n, TX 76109	ZIP CODE	JAN 27 2025 FWISD - Legal Services
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817 )	PHONE NUMBER 223-1776	EXTENSI	ON	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  MS.  NICKNAME	Kelly LAST Soter-Gunn	111 H111 11 11 11 11 11 11 11 11 11 11 1	MI SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON	
9 REPORT TYPE	January 15	30th day before ele	ection Exce	noff eeded Modified oorting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year / 01 / 24	THROUGH	Month 12	
11 ELECTION	ELECTION DA	Year Primary General	Runoff	ELECTION TYPE  Other  Description	
12 OFFICE	FWISD Board	d Trustee, District		SOUGHT (if know	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE I	WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRÉSS		
GO TO PAGE 2					

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Revised 1/1/2024

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Anne Darr			16 File	r ID (Ethics Comm	nission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA	ICAL CONTRIBUTIONS (OTHER T ARANTEES OF LOANS, OR ECTRONICALLY)	HAN .	\$	
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF LOA	NS)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			
	4. TOTAL POLITICAL EXPE	NDITURES		\$	200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	LAST DAY	\$	7008.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS A	AS OF THE	\$	
	wear, or affirm, under penalty of perjury quired to be reported by me under Title 15		s true and co	orrect and include	es all informati
		dung	M		
		Signature o	of Candidate	or Officeholder	
	Please con	nplete either option be	low:		
VER VER	ONICA SALCIDO				
My Co	RAMIREZ y ID #124300782 mmission Expires igust 12, 2026				
NOTARY STAMP/SEA					
Sworn to and subscribed	before me by	Darr this	the 274	th day of Jan	nuary
20_25, to certify	which, witness my hand and seal of office	. 0	2.5	. ^	
Nevovica)	Karning Veron	ica Kamirez	И	otaryfu	blic
Signature of officer administer	ering oath Printed name of	officer administering oath	=>KUL-5==5	Title of officer as	dministering oat
		OR	Sterify	2.1.20亿分的	
(2) Unsworn Declarati	ion				
My name is Anne Date	rr	, and my date of bi			
My address is 2542 St	adium Drive	Fort Worth	_, <u>TX</u> ,		rrant
Executed in Tarrant	(street) County, State of Texas	(city) , on the day of (r	(state) month)	(zip code) 20	(country)
		Signature of C	Candidate/Off	iceholder (Declara	ant)

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## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FIL	9 FILER NAME 20 Filer ID (Ethics Com			ilers)
Anne	Darr			
	HEDULE SUBTOTALS ME OF SCHEDULE			BTOTAL IOUNT
1.	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 CONTRIBUTIONS			200.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7,	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 FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11 <sub>+</sub> :	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	500.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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Event Expense Fees Food/Beverage Expense Gft/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)

Revised 1/1/2024

The Instruction Guide explains how to complete this form.

	The instruction Guide explains now to	complete this form.	T .		_
1 Total pages Schedule F1:	2 FILER NAME Anne Darr	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
08/23/2024	USPS				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
200.00	4450 Oak Park Lane	Ft. Worth	TX	76109	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	fundraising expense	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/OI	Candidate / Officeholder name H	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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oi	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			
	Check if travel outside of Texas, Complete Schedule T. Check if Au		ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

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## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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: 1 4 Date 12/3/2024	2 FILERNAME Anne Darr 5 Payee name Fort Worth ISD Council of PTAs		3 Filer ID	(Ethics Co	ommission Filers)	
6 Amount (\$) 500.00	7 Payee address; 9853 Brazoria Trail	city Benbrook		State TX	Zip Code 76126	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories,)  other	(b) Description (See required.)  donation to PT		rding type of	f information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories,)	Description (See required.)	instructions rega	rding type o	f information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories,)	Description (See required-)	e instructions rega	arding type o	of information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions rega	arding type o	of information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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