

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: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Anne	MI Darr
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2542 Stadium Drive Fort Worth, TX 76109		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE (817) PHONE NUMBER 223-1776 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST MaryEmily	MI Pardue
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3804 Overton Park Drive West, Fort Worth, TX 76109		
	8 CAMPAIGN TREASURER PHONE AREA CODE (817) PHONE NUMBER 455-2199 EXTENSION		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 07 / Day 01 / Year 2020 THROUGH Month 12 / Day 31 / Year 2020		
11 ELECTION	ELECTION DATE Month / Day / Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) FWISD School Board Trustee, District 6		
13 OFFICE SOUGHT (if known)			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$ 18,875.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 17,457.17

CONTRIBUTION
BALANCE

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

\$ 2,513.35

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anne Darr, this the 15th day of January, 20 21, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Laura Litton

Printed name of officer administering oath

Admin. Asst.

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Anne Darr

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS**
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,875.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,457.17
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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:
1/16**2** FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date

07/22/2020

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

William & Ann Greenhill

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

1608 Ashland Ave

Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/24/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John C. Tucker

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2921 Suffolk Dr

Fort Worth, TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/24/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tod & Laura Miller

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3897 S Hills Circle

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/24/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

C.P. Richardson

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

8003 Turkey Trail

Fort Worth, TX 76126

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:
2/16**2** FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date
07/24/2020**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Breck and Shannon Ray Rev.**7** Amount of contribution (\$)
250.00**6** Contributor address; City; State; Zip Code
1401 Thomas Place Fort Worth, TX 76107**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
07/25/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Patricia A. Key or Carolyn KeyAmount of contribution (\$)
100.00Contributor address; City; State; Zip Code
3324 Tanglewood Trail Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/25/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Everett RobertsAmount of contribution (\$)
50.00Contributor address; City; State; Zip Code
2501 Museum Way Apt 405 Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/24/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Harold MuckleroyAmount of contribution (\$)
1,000.00Contributor address; City; State; Zip Code
3455 Ranch View Ct 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;
3/16**2** FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date
07/25/2020**5** Full name of contributor
Arlie Davenport Jr.☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
250.00**6** Contributor address; City; State; Zip Code
4070 Clarke Ave Fort Worth, TX 76107**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
07/26/2020Full name of contributor
Susan Bostick☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
50.00Contributor address; City; State; Zip Code
2554 Boyd Avenue Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/26/2020Full name of contributor
Susan M. Shropshire M.D.☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
100.00Contributor address; City; State; Zip Code
4619 Crestline Rd. Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/26/2020Full name of contributor
Mr. and Mrs. W.R. Watt, Jr.☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
100.00Contributor address; City; State; Zip Code
5321 Benbridge Dr. Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4/16**2** FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date
07/27/2020**5** Full name of contributor☐ out-of-state PAC (ID#:

Thomas Harris

7 Amount of contribution (\$)
250.00**6** Contributor address;

City;

State;

Zip Code

8040 Valley Drive

Fort Worth, TX 76182

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/25/2020

Full name of contributor

☐ out-of-state PAC (ID#:

Jan Fersing

Amount of contribution (\$)
200.00

Contributor address;

City;

State;

Zip Code

3800 Trailwood Lane

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/27/2020

Full name of contributor

☐ out-of-state PAC (ID#:

Mrs. Jan Hull

Amount of contribution (\$)
100.00

Contributor address;

City;

State;

Zip Code

3958 Sarita Park

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/27/2020

Full name of contributor

☐ out-of-state PAC (ID#:

Brian Singleton

Amount of contribution (\$)
200.00

Contributor address;

City;

State;

Zip Code

5013 Button Willow Dr.

Fort Worth, TX 76123

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:
5/16**2** FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date
07/28/2020**5** Full name of contributor

Bruce Basden

☐ out-of-state PAC (ID#): _____**7** Amount of contribution (\$)

250.00

6 Contributor address;

PO Box 1061

City;

Burleson, TX 76097

State; Zip Code

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
07/28/2020

Full name of contributor

Michael Vaughan

☐ out-of-state PAC (ID#): _____Amount of contribution (\$)
50.00

Contributor address;

6108 Annandale Dr

City;

Fort Worth, TX 76132

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/28/2020

Full name of contributor

Sam Brous

☐ out-of-state PAC (ID#): _____Amount of contribution (\$)
250.00

Contributor address;

556 8th Ave

City;

Fort Worth, TX 76104

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/29/2020

Full name of contributor

Paul Andrews

☐ out-of-state PAC (ID#): _____Amount of contribution (\$)
\$500.00

Contributor address;

8400 West Freeway

City;

White Settlement, TX 76008

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/16

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date

07/29/2020

5 Full name of contributor

Lynne Johnson

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

1600 Texas St Apt 2110

Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/29/2020

Full name of contributor

William Meadows

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

121 Rivercrest

Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/30/2020

Full name of contributor

Linebarger Goggan Blair & Sampson, LLP

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2,000.00

Contributor address;

City;

State;

Zip Code

PO Box 17428

Austin, TX 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/30/2020

Full name of contributor

Cathy Johnson

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

851 Red bank Rd.

Lipan, TX 76462

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:
7/16

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date
07/30/2020

5 Full name of contributor ☐ out-of-state PAC (ID#:
Gary R. Blake

7 Amount of contribution (\$)
2,000.00

6 Contributor address; City; State; Zip Code

4150 International Plz Ste 600 F o r t W o r t h , T X 7 6 1 0 0

8 Principal occupation / Job title (See Instructions)
self-employed

9 Employer (See Instructions)

Date
07/31/2020

Full name of contributor ☐ out-of-state PAC (ID#:
Daralynn Deardorff

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code

3212 Tanglewood Trail Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/31/2020

Full name of contributor ☐ out-of-state PAC (ID#:
Joseph Martin

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code

5009 Westhaven Dr Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/31/2020

Full name of contributor ☐ out-of-state PAC (ID#:
Bobby Darr

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code

4821 Belladonna Drive Fort Worth, TX 76123

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:
8/16**2** FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date
07/31/2020**5** Full name of contributor
Lisa Clark☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
100.00**6** Contributor address; City; State; Zip Code
6832 Middle Road Fort Worth, TX 76116**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
07/31/2020**Full name of contributor**
Devoyd Jennings☐ out-of-state PAC (ID#: _____)**Amount of contribution (\$)**
100.00**Contributor address; City; State; Zip Code**
4551 Parkwood Fort Worth, TX 76140**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
07/31/2020**Full name of contributor**
Glynnis & Wes Paterson☐ out-of-state PAC (ID#: _____)**Amount of contribution (\$)**
100.00**Contributor address; City; State; Zip Code**
4721 Boulder Run Fort Worth, TX 76109**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
07/31/2020**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 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:

9/16

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date
07/31/2020**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Ms. Patricia H. Schutts**7** Amount of contribution (\$)
100.00**6** Contributor address; City; State; Zip Code

4701 Washburn Ave Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
08/01/2020**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
James & Kitty Loveless**Amount of contribution (\$)**
150.00**Contributor address;** City; State; Zip Code

2911 6th Ave. Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**
08/01/2020**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Tom & Joan Rogers**Amount of contribution (\$)**
100.00**Contributor address;** City; State; Zip Code

3034 Tanglewood Park W Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**
08/01/2020**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Heather Harris**Amount of contribution (\$)**
50.00**Contributor address;** City; State; Zip Code

2575 Highview Terrace 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:
10/16

2 FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)

4 Date
08/02/2020

5 Full name of contributor ☐ out-of-state PAC (ID#:
Andrea Cox

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code

6874 Chickering Rd. Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/03/2020

Full name of contributor ☐ out-of-state PAC (ID#:
Richard Knight Jr.

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code

6108 Red Bird Court Dallas, TX 75232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/04/2020

Full name of contributor ☐ out-of-state PAC (ID#:
Charles Graham Myers

Amount of contribution (\$)
1,000.00

Contributor address; City; State; Zip Code

4402 16th St, NW Washington D.C. 20011

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/03/2020

Full name of contributor ☐ out-of-state PAC (ID#:
(The Honorable) Pete Geren

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code

1200 Washington Terrace Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11/16**2** FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date
08/04/2020**5** Full name of contributor
Nelda J. Mills☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
100.00**6** Contributor address; City; State; Zip Code

3816 Lenox Dr Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
08/04/2020**Full name of contributor**
Lou Ellen Cole☐ out-of-state PAC (ID#: _____)**Amount of contribution (\$)**
50.00**Contributor address; City; State; Zip Code**

1205 Virginia Pl Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**
08/04/2020**Full name of contributor**
Louise Appleman☐ out-of-state PAC (ID#: _____)**Amount of contribution (\$)**
100.00**Contributor address; City; State; Zip Code**

3855 Bellaire Circle Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**
08/04/2020**Full name of contributor**
John V. Roach II☐ out-of-state PAC (ID#: _____)**Amount of contribution (\$)**
250.00**Contributor address; City; State; Zip Code**

2805 Alton Rd. 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:
12/16**2** FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date
08/07/2020**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Chris Stewart and Vicky Stewart**7** Amount of contribution (\$)
50.00**6** Contributor address; City; State; Zip Code

1817 Ridgmar Blvd. Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
08/07/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Jason and Amy BrownAmount of contribution (\$)
250.00Contributor address; City; State; Zip Code
2112 Pembroke Dr. Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/08/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Jason and Kim RayAmount of contribution (\$)
50.00Contributor address; City; State; Zip Code
2703 Pin Oak Lane Arlington, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/10/2020Full name of contributor ☐ out-of-state PAC (ID#: _____)
Mr. Gordan R. EnglandAmount of contribution (\$)
1,000.00Contributor address; City; State; Zip Code
30 Windward Rd. Fort 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: 13/16
2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 08/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan and Mark Titus 6 Contributor address; City; State; Zip Code 3704 Brighton Rd. Fort Worth, TX 76109	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Baggs Contributor address; City; State; Zip Code 3105 Preston Hollow Road Fort Worth, TX 76109	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John and Sheri Dewar Contributor address; City; State; Zip Code 2932 Owenwood Fort Worth, TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carrie Harrington Contributor address; City; State; Zip Code 2821 Manorwood Trail Fort Worth, TX 76109	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:
14/16**2** FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date
08/28/2020**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Urban C. McKeever**7** Amount of contribution (\$)
200.00**6** Contributor address; City; State; Zip Code
3734 Westcliff Rd. S. Fort Worth, TX 76109**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
08/31/2020**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Good Government Fund**Amount of contribution (\$)**
500.00**Contributor address; City; State; Zip Code**
201 Main Street, Suite 2500 Fort Worth, TX 76102**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
08/31/2020**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
PSEL PAC**Amount of contribution (\$)**
500.00**Contributor address; City; State; Zip Code**
201 Main Street, Suite 2500 Fort Worth, TX 76102**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
09/01/2020**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Anita Quinones**Amount of contribution (\$)**
50.00**Contributor address; City; State; Zip Code**
4232 Selkirk Dr W 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; 15/16
2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tom and Lise Bessant 6 Contributor address; City; State; Zip Code 2237 Winton Terrace West Fort Worth, TX 76109	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Denise Ho Contributor address; City; State; Zip Code 4717 Foxfire Way Fort Worth, TX 76133	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Margaret W. DeMoss Contributor address; City; State; Zip Code 2600 W 7th St Apt 2644 Fort Worth, TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Wheatley Contributor address; City; State; Zip Code 4001 Hildring Court Fort Worth, TX 76109	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:
16/16**2** FILER NAME

Anne Darr

3 Filer ID (Ethics Commission Filers)**4** Date
09/23/2020**5** Full name of contributor
Jennifer Lanter☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
100.00**6** Contributor address;

City;

State;

Zip Code

2624 Boyd Ave

Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
10/23/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
50.00

Mark and Mary Jane Alland

Contributor address;

City;

State;

Zip Code

4817 River View Drive

Fort Worth, TX 76132

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.

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: 1/2		2 FILER NAME Anne Darr		3 Filer ID (Ethics Commission Filers)	
4 Date 07/15/2020		5 Payee name Murphy Nasica			
6 Amount (\$) 1,500.00		7 Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense Postage		(b) Description		
	(c) <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 08/05/2020		Payee name Murphy Nasica			
Amount (\$) 5,000.00		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) Consulting Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/14/2020		Payee name Murphy Nasica			
Amount (\$) 5,000.00		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) Consulting Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/2	2 FILER NAME Anne Darr	3 Filer ID (Ethics Commission Filers)			
4 Date 09/14/2020	5 Payee name Murphy Nasica				
6 Amount (\$) 4,000.00	7 Payee address; City; State; Zip Code 815-A Brazos St. STE 304 Austin, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense				
	(b) Description				
	<input type="checkbox"/> (c) 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 style="width: 100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 10/30/2020	Payee name Anne Darr				
Amount (\$) 1861.92	Payee address; City; State; Zip Code 2542 Stadium Drive Fort Worth, TX 76109				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement for P.O. Box fees, office supplies, loan reimbursement				
	Description 7/11/2020 - Staples \$176.48, 7/27/202 - Staples \$12.44, 7/27/2020 - personal loan to campaign \$1500, 08/03/2020 - PO Box fee \$173.00				
	<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 style="width: 100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 07/01/2020 - 12/31/2020	Payee name Anedot				
Amount (\$) 95.25	Payee address; City; State; Zip Code Anedot.com				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transaction and Credit card processing fees				
	Description online fundraising				
	<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 style="width: 100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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