CAND DATE / OFF CEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH 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. М OFFICE USE ONLY FIRST MS / MRS / MR 3 CANDIDATE / Anne OFFICEHOLDER Mrs. Date Received NAME SUFFIX LAST NICKNAME RECEIVED Darr ZIP CODE STATE; CITY: ᅀᄝᄯᆠᅌᄘᆘᅚᄠᇪ ------**ADDRESS** Change of Address Date Hand-delivered or Date Postmarked EXTENSION PHONE NUMBER AREA CODE 5 CANDIDATE/ OFFICEHOLDER (817) 223-1776 PHONE Receipt # Amount \$ Мі FIRST MS / MRS / MR 6 CAMPAIGN <u>Kellv</u>

NON-MONETARY (IN-KIND) POL TICAL CONTR BUTIONS

SCHEDULE A2

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

The domestical policy contribution for committee the	1 Total pages Schedule A2
1 4 -	3 Filer ID (Ethics Commission Filers)
6 Full name of contributor out-of-state PAC (ID#: Anne Darr)
	Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
1	
Anne Darr	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CON	ITRIBUTIONS \$ 169.00
5 Date 9/1/2021	8 Amount of 9 In-kind contribution Contribution \$ description
Afficial counties (leb title (FOR NON II IDIOIAL) (Con Instruct	
·	

POLIT CAL EXPENDITURES MADE FROM POLIT CAL CONTRIBUTIONS

SCHEDULE F1

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

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

3 Filer ID (Ethics Commission Filers)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME

Anne Darr

4 Date

5 Payee name

7/1/21-12/31/21

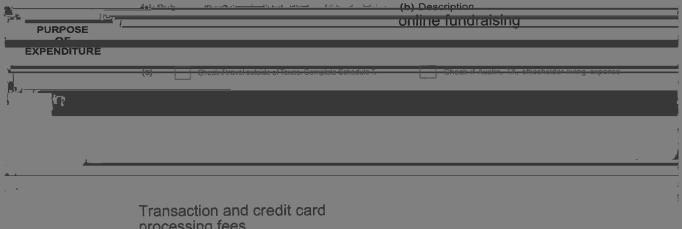
Anedot

6 Amount (\$) 13.32

7 Payee address; Anedot.com

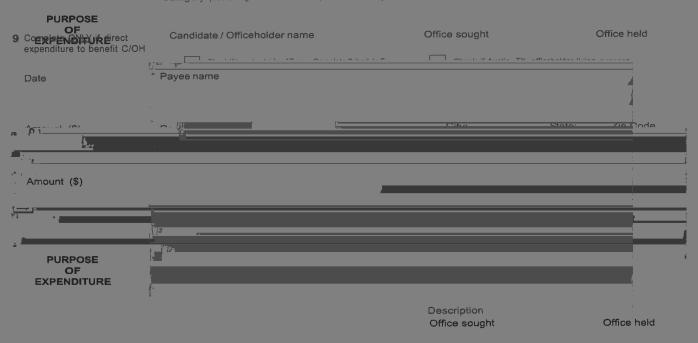
State:

Zip Code



processing fees

Category (See Categories listed at the top of this schedule)



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 2		
2 FILER NAME	Anne Darr				3 Filer ID (Ethics Commission Filers)
4 Date 09/16/2021	5 Full name of contributor	out-of-state PAC (II	D#		7 Amount of contribution (\$) 25.00
		_		_	
10.					
Proposed segu	andiga / lak titla /Can Instructions)	A.	, <u>,</u>	en 10an lanten.	ndi amal
-					
1.					<u> </u>
d.	8210.Shenandoah Or	Austin TX.78	753		<u> </u>
<u></u>	<u>`</u>		_		
-,					
09/14/2021		_	_	_	
		Outof-state PAC (I	D#:)	
		Arlington T	X 7601	.7	
		7 mington 1	/ / O(<u> </u>	'	
Date	Full same of contributor	The section of the se			
09/14/2021	Kevin Smant				4
-	Contributor address;	City;	State;	Zip Code	
practige:					
		Fort Worth	TX 76'	09	
Principal occup	pation / Job title (See Instructions)				\$
Date 09/13/2021	Full name of contributor				Amount of contribution (\$) 25.00
00/10/2021	Lisa Smant				25.00
	Cantibutar address:	Clike .	etato.	Zin Codo	
¥ * .					
	Lateur (C. P.	awati wa Ka	*		
₹sott					,

MONET	ARY POL'T CAL C	ONTRIBUTIONS	SCHEDULE A1
16.55		L DO NOT!	
	sted information is not applicab Instruction Guide explains how t	le. DO NOT include this page in the complete this form.	Total pages Schedule A1:
2 FILER NAME	Anne Darr		
	Allile Dall		3 Filer ID (Ethics Commission Filers)
A Poto.	The first of the second second		7 Amount of contribution (\$)
		out-of-state PAC	
			<u> </u>
			_
(Principal accu	unotion / Joh title (See Instructions)	9 Employer (See Inst	ructions
8 Principal occu	upation / Job title (See Instructions)	g Employer (See mst	racionsy
1_		out-of-state PAC (ID#:)
09/13/2021			25.00
00, 10,202	Allison Craig		
	6 Contributor address;	City; State; Zip Code	
Principal occu	pajo33JStxtille ASPE Instructions)	Fort Worth, TX 769 900 (See Inst	ructions)
	Full name of contributor	out-of-state PAC	
Date 09/13/2021	Full name of Conflictor		Amount of contribution (\$) 100.00
00/10/2021	Contributor address;	Clty; State; Zip Code	100.00
	₽qntributor address:	City: State: Zip Gode	
Principal according	nation / Job title (Coe Instructions)		
Ţ,			
X	1637 S. Adams St.	Fort Worth, TX 76104	
Date			Amount of contribution (\$)
09/13/2021			50.00
	6514 Tempest Drive	Arlington, TX 76001	
		Employer (See Inst	tructions)
Dato	Full name of enablestor		and the second and an addition of the control of th
7			
11	F		

	1 F4			
4-	<u> </u>			
異				
19	FILER NA	ME 20 Filer ID (Ethics Com	miss	sion Filers)
		LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$ 2	2280.00
4	\checkmark	SCHEDULE E: LOANS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	169.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	•	
5	\checkmark	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$\$	13.32
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
9. 7		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
10.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
11		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
12.		PARTITUME II BULL TO A DESCRIPTION OF COME	\$	
1				
-				-
•				4
:				
1	,,,,,,,			
(1)	· <u>-</u>			
Ţ				
- T	Tv			
•				

CAND DATE / OFF CEHOLDER CA PAIGN F NANCE REPORT

FORM C/OH COVER SHEET PG 2

