

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST <i>Dee</i>	MI <i>B.</i>
	NICKNAME	LAST <i>Anderson</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	AREA CODE PHONE NUMBER EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	MS / MRS / <input checked="" type="radio"/> MR		
6 CAMPAIGN TREASURER NAME	FIRST <i>Rebecca</i>	MI	MI
	NICKNAME	LAST <i>Anderson</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year Month Day Year <i>1 / 1 / 2016</i> THROUGH <i>1 / 21 / 2016</i>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" 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)		13 OFFICE SOUGHT (if known)
	<i>Sheriff of Tarrant County</i>		
		<i>Sheriff of Tarrant County</i>	

OFFICE USE ONLY

Date Received

FILED
 TARRANT COUNTY
 2016 FEB - 1 PM 3:11
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

BY: *[Signature]*

Date Hand-Delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Dee B. Anderson 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

BY: _____
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17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,000.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>60.15</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>60.15</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>27,229.23</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Dee Anderson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEE ANDERSON, this the 1 day of February, 2016, to certify which, witness my hand and seal of office.

Ana Galazzi Ana Galazzi Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Dee B. Anderson</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	\$ 2800.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1200.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 60.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Dee B. Anderson		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Stephenson 6 Contributor address; City; State; Zip Code 201 Oakridge Eastland, TX 76448	7 Amount of contribution (\$) \$90.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Stephenson Contributor address; City; State; Zip Code 201 Oakridge Eastland, TX 76448	Amount of contribution (\$) \$91.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Nicholson Contributor address; City; State; Zip Code 5709 Ridgeview Dr. Haltom City, TX 76137	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/8/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Olds Contributor address; City; State; Zip Code 6805 Valley Branch Dr. Arlington, TX 76001	Amount of contribution (\$) \$460.20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 FEB - 1 PM 3: 11 TARRANT COUNTY FILED		
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 FILER NAME Dee B. Anderson		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Wilson	7 Amount of contribution (\$) \$ 137.85
6 Contributor address; City; State; Zip Code P.O. Box 188 Brandon, TX 76628		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Randall	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 100 N Lamar Ft. Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Daniel	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 115 W. Second St. Ste. 202 Ft. Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua S. Graham	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 5145 Jennings Dr. North Richland Hills, TX 76180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dee B. Anderson

3 Filer ID (Ethics Commission Filers)

4 Date

1/21/2016

5 Full name of contributor

Lance Evans

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

115 W. 2nd St.
Fort Worth, TX 76102

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/21/2016

Full name of contributor

David Keltner

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

675 N. Henderson
Fort Worth, TX 76107

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/2016

Full name of contributor

Kearney, Jeff

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

3100 West 7th Street Suite 420
Ft. Worth, TX 76107

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/2016

Full name of contributor

Terry Grisham

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000.00

Contributor address;

P.O. Box 1892
Ft. Worth, TX 76101

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Dee B. Anderson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 1/21/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Evans	8 Amount of Contribution \$ \$240.00	9 In-kind contribution description
7 Contributor address; City; State; Zip Code 115 W. Second St. Suite 202 Ft. Worth, TX 76102		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self	
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 1/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark G. Daniel	Amount of Contribution \$ \$240.00	In-kind contribution description
Contributor address; City; State; Zip Code 115 West Second St. Suite 202 Fort Worth, TX 76102		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney		Employer (FOR NON-JUDICIAL) (See Instructions) Self	
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)			

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 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 Schedule A2:

2 FILER NAME

Dee B. Anderson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

1/21/2016

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

Tim Moore

7 Contributor address; City; State; Zip Code

115 W. Second St. Suite 202
Ft. Worth, TX 76102

8 Amount of Contribution \$

\$ 240.00

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Attorney

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self

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

1/21/2016

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

Lance Evans

Contributor address; City; State; Zip Code

115 W. Second St. Suite 202
Ft. Worth, TX 76102

Amount of Contribution \$

\$ 240.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

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)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2:

2 FILER NAME **Dee B. Anderson** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date 1/21/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Biggs	8 Amount of Contribution \$ \$ 240.00	9 In-kind contribution description
7 Contributor address; City; State; Zip Code 115 W. Second St, Suite 202 Ft. Worth, TX 76102		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions)

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

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions)

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)

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dee B. Anderson	3 Filer ID (Ethics Commission Filers)
4 Date 1-21-2016	5 Payee name Piryx	
6 Amount (\$) 60.15	7 Payee address; City; State; Zip Code 649 Mission Street #204 San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card 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	
Date	Candidate / Officeholder 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
	Candidate / Officeholder name	
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
	Candidate / Officeholder name	
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
	Candidate / Officeholder name	

BY: _____
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