

# 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 / MR    FIRST: Dee    MI: B.  
 NICKNAME:    LAST: Anderson    SUFFIX:

**OFFICE USE ONLY**

Date Received: **2016 FEB 23 PM 11:14**

BY: *R*

FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

FILED  
TARRANT COUNTY

Date Hand-Delivered or Date Postmarked

Receipt #    Amount \$

Date Processed

Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE    PHONE NUMBER    EXTENSION

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR    FIRST: Rebecca    MI:  
 NICKNAME:    LAST: Anderson    SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS**  
 (Residence or Business)  
 STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE    PHONE NUMBER    EXTENSION

**9 REPORT TYPE**

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month    Day    Year    THROUGH    Month    Day    Year  
 1 / 22 / 2016    THROUGH    2 / 21 / 2016

**11 ELECTION**

ELECTION DATE: Month    Day    Year    3 / 1 / 2016

ELECTION TYPE:  
 Primary     Runoff     Other Description  
 General     Special

**12 OFFICE**  
 OFFICE HELD (if any)  
 Sheriff of Tarrant County

**13 OFFICE SOUGHT (if known)**  
 Sheriff of Tarrant County

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 3,117.63

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

\$ 26,813.30

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

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

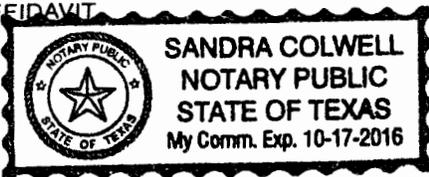
\$ 57,160.16

OUTSTANDING  
LOAN TOTALS

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

\$ 5,000.00

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 B. Anderson*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dee B. Anderson, this the 21<sup>st</sup> day of February, 2016, to certify which, witness my hand and seal of office.

*Sandra Colwell*

Signature of officer administering oath

Sandra Colwell

Printed name of officer administering oath

Executive Secretary

Title of officer administering oath

# SUBTOTALS - C/OH

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

|                                           |                                                                                                             |                                        |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME<br><b>Dee B. Anderson</b>   |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 14,061.80                           |
| 2.                                        | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 12,751.50                           |
| 3.                                        | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                                     |
| 4.                                        | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                       | \$ 5,000.00                            |
| 5.                                        | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 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 | \$                                     |

**FILED**  
**TARRANT COUNTY**  
**2016 FEB 23 PM 1:14**  
**FRANK PHILLIPS**  
**ELECTIONS ADMINISTRATOR**  
 BY: \_\_\_\_\_

# 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

1-26-16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Glen Whitley

7 Amount of contribution (\$)

\$ 100.<sup>00</sup>

6 Contributor address; City; State; Zip Code

345 Charleston Pl.  
Hurst, Texas 76054-3537

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-26-16

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

Eric Metcalf

Amount of contribution (\$)

\$ 100.<sup>00</sup>

Contributor address; City; State; Zip Code

2450 Oak Hill Circle, Apt. 515  
Fort Worth, Texas 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-26-16

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

Ron Kovach

Amount of contribution (\$)

\$ 70.<sup>00</sup>

Contributor address; City; State; Zip Code

2760 Airport Fwy.  
Fort Worth, Texas 76111-2332

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-25-16

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

John C. Beatty

Amount of contribution (\$)

\$ 200.<sup>00</sup>

Contributor address; City; State; Zip Code

912 W. Belknap Street  
Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Dee B. Anderson

3 Filer ID (Ethics Commission Filers)

4 Date

1-25-16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Michael & Barbara Blauer

6 Contributor address; City; State; Zip Code

91 Huntington Road  
Newton, MA 02458

7 Amount of contribution (\$)

\$500.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-26-16

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

C.A. & B.L. Lund

Contributor address; City; State; Zip Code

3924 Collinwood Avenue  
Fort Worth, Texas 76107-4427

Amount of contribution (\$)

\$100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-25-16

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

David S. Hunt

Contributor address; City; State; Zip Code

6604 Pine Valley Place  
Fort Worth, Texas 76132

Amount of contribution (\$)

\$500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-26-16

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

Harvey Klein Klein Assoc.

Contributor address; City; State; Zip Code

475 Oberlin Ave. S.  
Lakewood, NJ 08701-7024

Amount of contribution (\$)

\$500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Dee B. Anderson

3 Filer ID (Ethics Commission Filers)

4 Date

1-27-16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Stephen & Colleen Blauer

6 Contributor address; City; State; Zip Code

7 Carriage Dr.  
Lexington, MA 02420

7 Amount of contribution (\$)

\$500.<sup>00</sup>/<sub>100</sub>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-25-16

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

William & Marni Blauer

Contributor address; City; State; Zip Code

6 Grist Mill Lane  
Hingham, MA 02043-3308

Amount of contribution (\$)

\$500.<sup>00</sup>/<sub>100</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-26-16

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

William Tilley

Contributor address; City; State; Zip Code

805 Laurel Oaks Lane  
Colleyville, TX 76034-3127

Amount of contribution (\$)

\$100.<sup>00</sup>/<sub>100</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-27-16

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

Sharen Wilson & John Dotson

Contributor address; City; State; Zip Code

PO Box 282  
Fort Worth, Texas 76101-0282

Amount of contribution (\$)

\$250.<sup>00</sup>/<sub>100</sub>

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

1-26-16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Timothy & Molly Kenehan

6 Contributor address;

City; State; Zip Code

835 Kingston Dr.  
Mansfield, Texas 76063

7 Amount of contribution (\$)

\$50.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-26-16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mrs. Robert Knowles

Contributor address;

City; State; Zip Code

6401 Silver Creek Azle Road  
Azle, Texas 76020-4365

Amount of contribution (\$)

\$200.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-2-16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Marcus Hill

Contributor address;

City; State; Zip Code

5925 Sundown Dr.  
Watauga, Tx 76148

Amount of contribution (\$)

\$500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cedric & Dorothy Simon

Contributor address;

City; State; Zip Code

P.O. Box 16458  
Fort Worth, Texas 76162

Amount of contribution (\$)

\$300.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Dee B. Anderson

3 Filer ID (Ethics Commission Filers)

4 Date

2-11-16

5 Full name of contributor

Terry Falke

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$91.<sup>00</sup>

6 Contributor address; City; State; Zip Code

1503 Fairhaven Drive  
Mansfield, Texas 76063

8 Principal occupation / Job title (See Instructions)

9 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)

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)

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ELECTIONS ADMINISTRATOR  
BY: \_\_\_\_\_

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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<br><b>Dee B. Anderson</b>                                                                                                                                |                                                                                                            | 3 Filer ID (Ethics Commission Filers)                                                                    |
| 4 Date<br><b>2-8-16</b>                                                                                                                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Morgan Langley</b> | 7 Amount of contribution (\$)<br><b>\$ 5,000.<sup>00</sup></b>                                           |
| 6 Contributor address; City; State; Zip Code<br><b>532 21<sup>st</sup> Street<br/>Manhattan Beach, CA 90266-2202</b>                                                  |                                                                                                            |                                                                                                          |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                            | 9 Employer (See Instructions)                                                                            |
| Date<br><b>2-18-16</b>                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>J. D. Johnson</b>    | Amount of contribution (\$)<br><b>\$1,000.<sup>00</sup></b>                                              |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 136021<br/>Fort Worth, Tx 76136</b>                                                                         |                                                                                                            |                                                                                                          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                            | Employer (See Instructions)                                                                              |
| Date<br><b>2-19-16</b>                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Glen Whitley</b>     | Amount of contribution (\$)<br><b>\$1,000.<sup>00</sup></b>                                              |
| Contributor address; City; State; Zip Code<br><b>345 Charleston Pl.<br/>Hurst, Tx 76054-3537</b>                                                                      |                                                                                                            |                                                                                                          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                            | Employer (See Instructions)                                                                              |
| Date<br><b>2-19-16</b>                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Betsy Price</b>      | Amount of contribution (\$)<br><b>\$2,500.<sup>00</sup></b>                                              |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 100066<br/>Fort Worth, Tx 76185</b>                                                                         |                                                                                                            |                                                                                                          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                            | Employer (See Instructions)                                                                              |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                                                                                            | BY: _____<br>FRANK PHILLIPS<br>ELECTIONS ADMINISTRATOR<br>2016 FEB 23 PM 1:15<br>TARRANT COUNTY<br>FILED |

# 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<br><b>Dee B. Anderson</b>                                                         |                                                                                                        | 3 Filer ID (Ethics Commission Filers)                                            |                                                           |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                          |                                                                                                        | \$                                                                               |                                                           |
| 5 Date<br><b>1-26-16</b>                                                                       | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Fred Edgar</b> | 8 Amount of Contribution \$<br><b>\$271.<sup>00</sup></b>                        | 9 In-kind contribution description<br><b>Invite Cards</b> |
| 7 Contributor address; City; State; Zip Code<br><b>P.O. Box 601529<br/>Dallas, Texas 75360</b> |                                                                                                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |                                                           |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>CEO</b>        |                                                                                                        | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Edgar Business Forms</b> |                                                           |
| 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<br><b>1-26-16</b>                                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Janet Field</b> | Amount of Contribution \$<br><b>\$1,068.<sup>50</sup></b>                                | In-kind contribution description<br><b>Supplies</b> |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 678<br/>Kennedale, Tx 76060</b>       |                                                                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |                                                     |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Administration</b> |                                                                                                       | Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Tarrant County Sheriff's Office</b> |                                                     |
| 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)                        |                                                                                                       |                                                                                          |                                                     |

BY: \_\_\_\_\_  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR  
 2016 FEB 23 PM 1:55  
 FILED  
 TARRANT COUNTY

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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<br><b>Dee B. Anderson</b>                                                            |                                                                                                                              | 3 Filer ID (Ethics Commission Filers)                                           |                                                                 |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                             |                                                                                                                              | \$                                                                              |                                                                 |
| 5 Date<br><b>1-26-16</b>                                                                          | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Fritz Rahr @ Rahr + Sons Brewery</b> | 8 Amount of Contribution \$<br><b>\$8,130.<sup>00</sup></b>                     | 9 In-kind contribution description<br><b>Rental of Facility</b> |
| 7 Contributor address; City; State; Zip Code<br><b>701 Galveston Avenue<br/>Fort Worth, Texas</b> |                                                                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                 |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Owner</b>         |                                                                                                                              | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Rahr + Sons Brewery</b> |                                                                 |
| 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<br><b>1-26-16</b>                                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>John Barr</b> | Amount of Contribution \$<br><b>\$680.<sup>00</sup></b>                         | In-kind contribution description<br><b>Glasses</b> |
| Contributor address; City; State; Zip Code<br><b>203 E. Colorado Blvd.<br/>Dallas, Tx 75203</b> |                                                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                    |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Attorney</b>       |                                                                                                     | Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Self-Employed</b>          |                                                    |
| 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)                        |                                                                                                     |                                                                                 |                                                    |

**FILED**  
**TARRANT COUNTY**  
**2016 FEB 23 PM 1:15**  
**FRANK PHILLIPS**  
**ELECTIONS ADMINISTRATOR**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 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<br><b>Dee B. Anderson</b>                                                           |                                                                                                                      | 3 Filer ID (Ethics Commission Filers)                                           |                                                        |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                            |                                                                                                                      | \$                                                                              |                                                        |
| 5 Date<br><b>1-26-16</b>                                                                         | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Blake Taylor-Keefe Group</b> | 8 Amount of Contribution \$<br><b>\$800.<sup>00</sup></b>                       | 9 In-kind contribution description<br><b>Beverages</b> |
| 7 Contributor address; City; State; Zip Code<br><b>3101 Marquis Garland, TX 75042</b>            |                                                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                        |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Blake Taylor</b> |                                                                                                                      | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Keefe Group</b>         |                                                        |
| 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<br><b>1-26-16</b>                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Bob Austin</b> | Amount of Contribution \$<br><b>\$1,802.<sup>00</sup></b>                                | In-kind contribution description<br><b>Food</b> |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 271006 Dallas, Texas 75227</b> |                                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |                                                 |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>CEO</b>     |                                                                                                      | Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Five Star Correctional Services</b> |                                                 |
| 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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 2016 FEB 23 PM 1:15  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR  
 BY: \_\_\_\_\_

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# LOANS

# SCHEDULE E

|                                                                     |                                                                                                               |                                                                                                                 |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.           |                                                                                                               | 1 Total pages Schedule E:                                                                                       |
| 2 FILER NAME<br><b>Dee B. Anderson</b>                              |                                                                                                               | 3 Filer ID (Ethics Commission Filers)                                                                           |
| 4 TOTAL OF UNITEMIZED LOANS                                         |                                                                                                               | \$                                                                                                              |
| 5 Date of loan<br><b>2-19-16</b>                                    | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Dee &amp; Rebecca Anderson</b> | 9 Loan Amount (\$) <sup>00</sup><br><b>\$5,000.</b>                                                             |
| 6 Is lender a financial Institution?<br><b>Y (N)</b>                | 8 Lender address; City; State; Zip Code<br><b>908 Shady Creek Drive<br/>Kennedale, Texas 76060</b>            | 10 Interest rate                                                                                                |
|                                                                     |                                                                                                               | 11 Maturity date                                                                                                |
| 12 Principal occupation / Job title (See Instructions)              |                                                                                                               | 13 Employer (See Instructions)                                                                                  |
| 14 Description of Collateral<br><input type="checkbox"/> none       |                                                                                                               | 15 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 16 GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | 17 Name of guarantor                                                                                          | 19 Amount Guaranteed (\$)                                                                                       |
|                                                                     | 18 Guarantor address; City; State; Zip Code                                                                   |                                                                                                                 |
| 20 Principal Occupation (See Instructions)                          |                                                                                                               | 21 Employer (See Instructions)                                                                                  |
| Date of loan                                                        | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                                        | Loan Amount (\$)                                                                                                |
| Is lender a financial Institution?<br><b>Y N</b>                    | Lender address; City; State; Zip Code                                                                         | Interest rate                                                                                                   |
|                                                                     |                                                                                                               | Maturity date                                                                                                   |
| Principal occupation / Job title (See Instructions)                 |                                                                                                               | Employer (See Instructions)                                                                                     |
| Description of Collateral<br><input type="checkbox"/> none          |                                                                                                               | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>    |
| GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable    | Name of guarantor                                                                                             | Amount Guaranteed (\$)                                                                                          |
|                                                                     | Guarantor address; City; State; Zip Code                                                                      |                                                                                                                 |
| Principal Occupation (See Instructions)                             |                                                                                                               | Employer (See Instructions)                                                                                     |

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 BY \_\_\_\_\_

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