CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST Dee NICKNAME LAST	B. SUFFIX	OFFICE USE ONLY Dake Received CT ARR
	Anders	30 n	HAY FRAN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	NT COUNTY 16 PM 4:0 K PHILLIPS ADMINISTRAT
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS) MR FIRST Rebecc	A MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed Date Imaged
	Anders	30N	Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	2/21/2016	THROUGH 5	14 2016
11 ELECTION	ELECTION DATE Month Day Year Primary 5/24/2016 General	Runoff Cher Description Special	
12 OFFICE	Sheriff of Tarran County	Sheriff of Count	Tarrant
	GO ТО І	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ee B.	Anderson	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT CHART OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT CHART OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WIT CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME	1. A L
	GENERAL		RR/ FRA
	SPECIFIC	COMMITTEE ADDRESS	ANT COUNT
		COMMITTEE CAMPAIGN TREASURER NAME	No t
Additional Pages	-		PM 4: 07 LLIFS INISTRATOR
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$27,037.65
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ -
	4. TOTAL	POLITICAL EXPENDITURES	\$ 54, 757.72
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$5,000.00
18 AFF	SANDRA COLV NOTARY PUB STATE OF TE My Comm. Exp. 10-1	true and correct and includes all information under Title 15, Election Code.	
		Signature of Candi	date or Officeholder
AFFIX NOTARY STAMP	P/SEALABOVE		_
Sworn to and subscri	bed before me, b	y the said Dee B. Anderson	, this the _/6 th
day of May	, 20 <u></u> , to	o certify which, witness my hand and seal of office.	
Sandra Consider and Signature of officer and	Ministering oath	Sandra Colwell Exe	cutive Secretary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Dee B. Anderson 20 Filer ID (Ethics C.	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$27,642.59
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 125.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$5,000.°°
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$54,757.72
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	. \$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

FRANK PHILLIPS ADMINISTRA TARRANT COUNTY

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME B. Anderson 7 Amount of contribution (\$) Thomas 4 Melissa Patte Contributor address; City; State; Zip Code 3-8-16 76103 9 Employer (See Instructions) out-of-state PAC (ID#:___ Full name of contributor Date Amount of contribution (\$) Blake Taylor - Keefe Group Contributor address; City; State; Zip Code 10880 Linpage Place Saint Louis Mo. 63132 Employer (See Instructions) Date Amount of contribution (\$) Lindsey & Blake Taylor Contributor address; Hos Love Bird Lane 1,000. Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) \$ 183.90 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dee B. Anderson Date 5 Full name of contributor ___ out-of-state PAC (ID#:___ 7 Amount of contribution (\$) Robert H. Browder 4-26-16 6 Contributor address; City; State; Zip Code 153 Quail Bluff Lane \$/00. °° 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) #500. == ut-of-state PAC (ID#:___ Date Amount of contribution (\$) Yuemin Zhang Contributor address; City: State; Zip Code 2710 Seven Shields Lane \$200.00 Lewisville Texas 75056 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) William & Marnie Blauer Contributor address; City: State; Zip Code Grist Mill Lane \$500.00 Principal occupation / Job title (See Instructions) MA 02043-3308 Employe 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 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Dee B	Anderson			
4 Date	5 Full name of contributor uut-of-state PAC) (ID#.	7 Amount of contribution (\$)	
	T: — —		T Amount of commodition (c)	
3 20 11	Jimmy T. Evans 6 Contributor address; City; State 522 North Beach Str		H	
3-30-16	6 Contributor address; City; State	; Zip Code	#400.	
	522 North Deach Str	eet		
	Fort Worth Texas	76111		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date	Full name of contributor	: (ID#:	Amount of contribution (\$)	
Dailo	Robert & Jane West		Amount of contribution (\$)	
			н. 😊	
3-30-16	Contributor address; City; State 4916 Corriente Lane	; Zip Code	\$ 100. 	
	Benbrook, Texas 76	126		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)	
			Amount of contribution (p)	
3-30-11	JIMMY D. Evans		\$100.°	
V 30-16	Contributor address; City; State	; Zip Code	~ / \(\dot \).	
	Jimmy B. Evans Contributor address; City: State 10917 Golfview Way			
Discisol and	Benbrook, Texas 7/	4136	***	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor	/ID#:	Amount of contribution (\$)	
	Joshua Graham	(10#:)	Amount of contribution (\$)	
3-16-16	ocolida Graham		# 00	
5 10 10	Contributor address; City; State	; Zip Code	#2,500.00	
	Contributor address; City: State	Juite 635		
	FORT WORTH TEXAS	76102	201 201 ELEC BY:	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ARRA CTION	
			RAY MAY	· .
			ê 5	
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				7
			PM 4: 07	
			NT COUNTY 16 PM 4: 07 PHILLIPS ADMINISTRATOR	
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	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED	
	If contributor is out-of-state PAC, please see instru	uction guide for additional	reporting requirements.	

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	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
2-26-16	Debbie Friemel 6 Contributor address; City; State; Zip Code 6625 Andress Drive Fort Worth Texas 76132	\$91.80
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Don Remenapp	Amount of contribution (\$)
3-2-16	Contributor address; City; State; Zip Code 1410 Fairhaven Drive Mansfield, Texas 76063	\$91.80
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3-30-16	Deborah Repp Contributor address; City; State; Zip Code 3102 Spring Oak Place Arlington, Texas 76017	#91.80
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Jane Sanford	Amount of contribution (\$)
4-4-16	Contributor address; City: State; Zip Code 1800 Mossy Oak Street	[#] 183.90
Principal occup	Arlington Texas 76012 ation / Job title (See Instructions) Employer (See Instructions)	iions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	TARRANT COUNTY 2016 MAY 16 PH 4: 0 ELECTIONS ADMINISTRATE BY: EDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dee B. Anderson 5 Full name of contributor Out-of-state PAC (ID#:__ Catherine Brown 7 Amount of contribution (\$) Catherine Drow. 4-24-16 6 Contributor address; City; State; Zip Code 808 Shady Bend Drive Texas 76060 a Employe \$91.80 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) A. J. Key Contributor address; City; State; Zip Code 5-11-2016 \$460.20 5506 Emerald Park Blvd. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:__ Amount of contribution (\$) Paul Celestin 5-11-16 \$91.80 Waters Edge Drive Prairie Texas 750.54 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#: \$183.90 Contributor address; City: State; Zip 5824 Sugar Maple Drive Fort Worth, Texas 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

The	Instruction Guide explains how to complete this	form.	1 Total p	pages Schedule A1:
2 FILER NAME			3 Filer II	D (Ethics Commission Filers)
Dee B	Anderson			
4 Date	5 Full name of contributor out-of-state PAC	: /ID#:	7 Amou	nt of contribution (\$)
		, (10#		
5-11-16	Michael Simonds		# ~ ~	19.95
3-11-10	6 Contributor address; City; State	; Zip Code	w 22	19.93
		TYD		
8 Principal occu	Coppell, Texas 75019 pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
5	paner, our mondeners,	5 Employer (Goo mende	,	
Date	Full name of contributor		Amou	int of contribution (\$)
	Wayne & Ashley Owe	n		
5-6-16	Contributor address; City; State		\$10	ر ۵۵
	l .	· ·	# 10	0.
	8712 Overland Drive	1.170		
Principal occur	Fort Worth Texas 70 pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Amou	int of contribution (\$)
	Jay Six			
5-10-16	Contributor address: City: State		AGO	00.
	Contributor address; City; State 3407 Moneta Court	, Zip Gddc	400	00.
	Arlington, Texas 76			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amou	nt of contribution (\$)
5-11-16	Emily Pedigo		и,	0.0
3-11-16	Contributor address: City: State	; Zip Code	4 50	٥.
	4655 Ricky Ranch R	bso		4
	Fort Worth Texas	76126		20 ELL8 BY
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	[] [] A
				FRANCE FRANCE
				NT C
				NT COUNTY 16 PM 4: 08 (PHILLIPS ADMINISTRATO)
				PS PS
				HIY 4: 08 STRATOR
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	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED	
	If contributor is out-of-state PAC, please see instru	uction quide for additional i	reporting re	equirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dee B. Anderson 5 Full name of contributor 7 Amount of contribution (\$) Robert Austin \$5,000.00 6 Contributor address; City; State; Zip Code 103 Parker Ridge Road Palmer, Texas 75152 5-11-16 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Paul Rothband 5-11-16 Contributor address; City; State; Zip Code P.O. Box 427 Fuless, Texas 76039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Samuel Parham Contributor address; City; State; Zip Code #250.00 5-11-16 2112 W. Lotus Avenue Principal occupation / Job title (See Instructions) Fort Worth Texas 76111 - 1619 Employe Date Tessa Claire Mgm+. Contributor address; City: State; Zip Code Full name of contributor Amount of contribution (\$) P.O. Box 70924 Fort Worth, Texas 76147 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.

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	5 Full name of contributor out-of-state PAG) (ID#:)	7 Amount of contribution (\$)
5-11-16	Kathryn Nicholson 6 Contributor address; City; State 5709 Ridgeview Drive Halton City Texas 70 pation / Job title (See Instructions)	zip Code	\$ 100.°°
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	D. J. 4 Christy Whitn	I	Amount of contribution (\$)
5-11-16	Contributor address; City; State 1411 Spy glass Mansfield, Texas 7606		# 100.°°
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor Out-of-state PACE Gary Fickes Campaig		Amount of contribution (\$)
5-10-16	Contributor address; City: State 4021 Hilltop Drive Southlake, Texas 7609;	; Zip Code	#250. °°
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
5-6-16	Mr. 4 Mrs. Patrick Ter Contributor address; City: State 11020 Seville Quarter Shreyeport, Lousiana		\$1,000.°°
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
			- m ~
			FILED TARRANT COUNTY 2016 MAY 16 PM 4: 08 LECTIONS ADMINISTRATOR BY:
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see instructional contributor is out-of-state pack, please see instructional contributor is out-of-state pack.		•

The	Instruction Guide explains how to complete this form.	Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	3. Anderson	,
4 Date	5 Full name of contributor out-of-state_PAC (ID#:)	7 Amount of contribution (\$)
	Thomas Bessant	
5-11-16	1	#1 000
5 13-16	6 Contributor address; City; State; Zip Code	#1,000.
	2237 Winton Terrace Fort Worth Texas 72109 pation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Chris Garcia	Amount of contribution (4)
5-10-16		00
5 10 10	Contributor address; City; State; Zip Code 8136 Camp Bowle Blvd.	\$100. ⁻
		•
	Fort Worth, Texas 76116	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
.	Cedrical Dorothy Simon	
5-11-16		\$ 100.
	Contributor address; City; State; Zip Code	4 100.
	P.O. Box 12458	·
Principal occur	Fort Worth Texas 76162 pation / Job title (See Instructions) Employer (See Instruc	tions)
, molpai occop		
Date	Full page of contributor	America of contribution (f)
Date	Full name of contributor	Amount of contribution (\$)
5-10-16	J. Don Carterd Assoc.	
3-10-16	Contributor address; City; State; Zip Code	# 25 o. ==
	3663 Airport Freeway	αο ο.
	Fort Worth, Texas 76111	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
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		STATE OF THE STATE
		6 TE
		FDED FOR RECEIVED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	
	If contributor is out-of-state PAC, please see instruction guide for additional	reporting lequirements.
over a required by T	exas Ethics Commission www.ethics state tx us	O Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dee B. Anderson 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Kearney/Wynn 6 Contributor address; 3100 West 7th Street Suite 420 Fort Worth Texas 76107 \$1,000. Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Wm. Reagan Wynn Contributor address; City; 5-11-16 Contributor address; City; State; Zip Code 3100 West 7th Street, Suite 420 Fort Worth Texas 76107 Principal occupation / Job title (See Instructions) Emp Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Fort Worth Texas 76102 Principal occupation / Job title (See Instructions) Full name of contributor Date Amount of contribution (\$) out-of-state PAC (ID#:_ 5-11-16 Contributor address; City: State; Zip Code 115 West 2nd Street, Suite 202 Fort Worth, Texas 76102 Principal occupation / Job title (See Instructions) Employer (See Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dee B. Anderson 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Tim Evans 6 Contributor address; City; State; Zip Code 115 West 2nd Street, Suite 202 # 200.° 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) William Harris Contributor address; 7th Street, Suite 1985 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) G.C. Martin 5-11-16 Contributor address; City; State; Zip Code P.O. Box 91588 Arlington, Texas 76015 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ \$5000.°° Manhattan Beach, CA 90266 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 lequirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

CONT	RIBUTIONS		3323322 7.2			
Th.	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:			
2 FILER NAM			3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date 5-11-16	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$ 9 In-kind contribution description \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)			
Adm	unistration	Tarrant	· County Sheriff's Office			
12 Contributor's	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)	Amount of . In-kind contribution Contribution \$. description			
	Contributor address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule T.			
Principal occ	eupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
			TARRANT COUNTY 2016 MAY 16 PM 4: 08 FRANK PHILLIPS ELECTIONS ADMINISTRATOR BY:			
14	ATTACH ADDITIONAL COPIES OF					

Forms provided by Texas Ethics Commission

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Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	i i sy	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services	nals Expense	Office Overh Polling Expe Printing Expo Salaries/Way	ense ges/Contract Labor	Transportation Travel In Dis Travel Out C		elated E	
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4 Date	5 Payee nam		_						
2-22-16	Epp	<u>5tein</u>	Grou	P. In	c				
6 Amount (\$)	7 Payee add 405	int Int	ity; State; Z	rip Code Fiona	al Plaz	Э			
\$45,500.	Fort	Wort	h. Te	xas	76109				
8		See Categories liste			(b) Description				
PURPOSE				İ	Check if travel o	utside of Texas. C	omplete Schedule T.		
OF EXPENDITURE	1000	Iting	Evan	- 60	Check if Austi	n, TX, officeholo	ler living expense		
EXPENDITORE	Corbu	ning	LAPE	חשפו					
9 Complete ONLY if direct expenditure to benefit C/Oh		te / Officeholder	name		Office sought		Office h	reld	
Date	Payee nam	16							
4-29-16	Epps	stein	Groun	p, In	ic.				
Amount (\$)	Pavee add	ress: C	ity; State; Z	ip Code					
\$6,450.00		Inte							
	Fort	See Categories liste	h, Tex		76109	···			
	Category	See Categories liste	u at the top of this :	scriedule)	Description Check if travel or	tside of Texas, Co	mplete Schedule T.		
PURPOSE OF					Chack if Austin		er living expense		
EXPENDITURE	Cons	ultin	g Ex	pense					
Complete ONLY if direct	Candidat	e / Officeholder	name		Office sought		Office h	eld	
expenditure to benefit C/OF	1					64:	2000	≘	7
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Date	Payee nan	ne				1	22 ×	-<	70 20 To
5-13-16	Epps	tein	Grou		nc.		S AD	5	五二
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\$2,409.18	Fort	Word	\	exas	72109		70. P.	=	
		See Categories lister			Description		OR	8	
PURPOSE					Check if travel ou	tside of Texas. Co	mplete Schedule T.		ĺ
OF EXPENDITURE	Cons	ultir	ng Ex	pense	Check if Austin	, TX, officeholde	er living expense		
Complete ONLY If disper	Candidate	e / Officeholder	r name		Office sought		Office I	held	
Complete ONLY if direct expenditure to benefit C/OH		5 / Chicerioldei	name		Onice sought		Once		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Solicitation/Fundraising Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Anderson Dee 4 Date 5 Payee name ess; City; State; Zip Code Mission Street #204 Payee address: San Francisco CA (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Credit Card Fees OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought TARRA Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check it travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED