

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	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> MS / MRS / MR <div style="border-bottom: 1px solid black; width: 100px; margin: 2px 0;">DONNA</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="border-bottom: 1px solid black; width: 100px; margin: 2px 0;">ANDERSON</div> </div> <div> <div style="display: flex; justify-content: space-between;"> <div>FIRST</div> <div>MI</div> </div> <div style="border-bottom: 1px solid black; width: 100px; margin: 2px 0;">RENEE</div> </div> </div>		OFFICE USE ONLY								
	<div style="display: flex; justify-content: space-between;"> <div>DATE RECEIVED</div> </div>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="border-bottom: 1px solid black; width: 100%; margin: 2px 0;">1451 Colquitt Rd Apt 611 Terrell TX 75160</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="border-bottom: 1px solid black; width: 100%; margin: 2px 0;">(971) 297-6823 N/A</div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> MS / MRS / MR <div style="border-bottom: 1px solid black; width: 100px; margin: 2px 0;">DONNA</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="border-bottom: 1px solid black; width: 100px; margin: 2px 0;">ANDERSON</div> </div> <div> <div style="display: flex; justify-content: space-between;"> <div>FIRST</div> <div>MI</div> </div> <div style="border-bottom: 1px solid black; width: 100px; margin: 2px 0;">RENEE</div> </div> </div>		Date Hand-delivered or Date Postmarked								
	<div style="display: flex; justify-content: space-between;"> <div>RECEIPT #</div> <div>AMOUNT \$</div> </div>		Date Processed								
			Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="border-bottom: 1px solid black; width: 100%; margin: 2px 0;">1451 Colquitt Rd Apt 611 Terrell TX 75160</div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="border-bottom: 1px solid black; width: 100%; margin: 2px 0;">(971) 297-6823 N/A</div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="border-bottom: 1px solid black; width: 100px; margin: 2px 0;">02 / 03 / 2024</div> </div> <div>THROUGH</div> <div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="border-bottom: 1px solid black; width: 100px; margin: 2px 0;">04 / 26 / 2024</div> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="border-bottom: 1px solid black; width: 100px; margin: 2px 0;">05 / 04 / 2024</div> </div> <div> <div style="display: flex; justify-content: space-between;"> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> </div> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known)</div> </div> <div style="border-bottom: 1px solid black; width: 100%; margin: 2px 0;">N/A Terrell City Council District 2 Seat</div>										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-right: 1px solid black; padding: 2px 5px;">COMMITTEE TYPE</td> <td style="padding: 2px 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px 5px;"></td> <td style="padding: 2px 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>DONNA RENEE ANDERSON</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>3,150.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,150.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>3,129.84</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,129.84</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>20.16</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

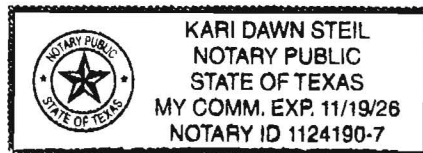
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Donna Renee Anderson this the 26th day of April, 2024, to certify which, witness my hand and seal of office.

Kari Dawn Steil Kari Dawn Steil City Secretary

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>OUT 2</u>
2 FILER NAME <u>DONNA RENEE ANDERSON</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>02/13/2024</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Tayar Land Development</u> 6 Contributor address; City; State; Zip Code <u>PO Box 425 Terrell TX 75160</u>	7 Amount of contribution (\$) <u>\$1,250.00</u>
8 Principal occupation / Job title (See Instructions) <u>Owner</u>		9 Employer (See Instructions) <u>Owner</u>
Date <u>02/23/2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Graylan Dabney dba State Farm</u> Contributor address; City; State; Zip Code <u>309 FM 148 Ste B Terrell TX 75160</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Principal occupation / Job title (See Instructions) <u>Owner</u>		Employer (See Instructions) <u>Owner</u>
Date <u>02/27/2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Troy Drollinger</u> Contributor address; City; State; Zip Code <u>706 Griffith Ave Terrell TX 75160</u>	Amount of contribution (\$) <u>\$ 300.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <u>Owner</u>
Date <u>03/14/2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>7 Days Drive In</u> Contributor address; City; State; Zip Code <u>215 S Rockwall Ave Terrell TX 75160</u>	Amount of contribution (\$) <u>\$ 200.00</u>
Principal occupation / Job title (See Instructions) <u>Owner</u>		Employer (See Instructions) <u>Owner</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME DONNA RENEE ANDERSON		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas Wireless Inc 6 Contributor address; City; State; Zip Code 1442 W Moore Ave Terrell TX 75160	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Owner
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Holland Contributor address; City; State; Zip Code 10045 FM 2578 Terrell TX 75160	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis Funeral Home Contributor address; City; State; Zip Code 200 E Grove St Terrell TX 75160	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

SCHEDULE A2

The Instruction Guide explains how to complete this form.

↑

2 FILER NAME
DONNA RENEE ANDERSON

3 Filer ID (Ethics Commission Filers)

\$ 750.00

04/19/2024

Christina McDaniel

\$750.00

The French
Soiree Rental
fee

☐ Check if travel outside of Texas. Complete Schedule T.

Photographer / Event Venue

N/A

OWNER

Owner

N/A

N/A

N/A

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

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 5		2 FILER NAME DONNA RENEE ANDERSON		3 Filer ID (Ethics Commission Filers)	
4 Date 02/20/2024		5 Payee name J Music Productions			
6 Amount (\$) \$175.00		7 Payee address; 900 S Delphine Ste Ste B Terrell		City; TX	State; Zip Code 75160
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Videography		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name DONNA RENEE ANDERSON			
		Office sought CITY COUNCIL DISTRICT 2 SEAT		Office held N/A	
Date 02/28/2024		Payee name Terrell Chamber of Commerce			
Amount (\$) \$20.00		Payee address; 1314 W Moore Ave		City; Terrell	State; Zip Code TX 75160
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Annual Membership Meeting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name DONNA RENEE ANDERSON			
		Office sought CITY COUNCIL DISTRICT 2 SEAT		Office held N/A	
Date 02/29/2024		Payee name Two Guys Laser Engraving			
Amount (\$) \$1,023.63		Payee address; 19850 FM 986		City; Terrell	State; Zip Code TX 75160
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Political Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name DONNA RENEE ANDERSON			
		Office sought CITY COUNCIL DISTRICT 2 SEAT		Office held N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME DONNA RENEE ANDERSON		3 Filer ID (Ethics Commission Filers)	
4 Date 03/06/2024		5 Payee name Terrell City Parks			
6 Amount (\$) \$75.00		7 Payee address; City; State; Zip Code 400 Industrial Blvd Terrell TX 75160			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Breezy Hill Community Center use		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held N/A Donna Renee Anderson City Council District 2 Seat					
Date 03/11/2024		Payee name Kaufman County Elections			
Amount (\$) \$18.00		Payee address; City; State; Zip Code 209 S Washington Kaufman TX 75142			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description District 2 Voter Registration list		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held N/A DONNA RENEE ANDERSON City Council District 2 Seat					
Date 03/11/2024		Payee name YVEE BEE Photography			
Amount (\$) \$270.63		Payee address; City; State; Zip Code 864 Beverly Dr Terrell TX 75160			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Photography		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held N/A DONNA RENEE ANDERSON City Council District 2 Seat					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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	Gift/Awards/Memorials Expense	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: <u>5</u>	2 FILER NAME <u>DONNA RENEE ANDERSON</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>03/18/2024</u>	5 Payee name <u>Vista Print</u>	
6 Amount (\$) <u>\$95.24</u>	7 Payee address; City; State; Zip Code <u>vistaprint.com</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	
	(b) Description <u>Political Business Cards</u>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Donna Renee Anderson</u> Office sought: <u>City Council District 2 Seat</u> Office held: <u>N/A</u>		
Date <u>03/21/2024</u>	Payee name <u>CostCo Warehouse</u>	
Amount (\$) <u>\$96.72</u>	Payee address; City; State; Zip Code <u>125 State Hwy 276 Rockwall TX 75082</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food & Beverage Expense</u>	
	Description <u>For two political events</u>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date <u>03/25/2024</u>	Payee name <u>Murphy USA</u>	
Amount (\$) <u>\$26.00</u>	Payee address; City; State; Zip Code <u>1850 W Moore Ave Terrell TX 75160</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Travel in District</u>	
	Description <u>Fuel</u>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Donna Renee Anderson</u> Office sought: <u>City Council District 2 Seat</u> Office held: <u>N/A</u>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 5		2 FILER NAME DONNA RENEE ANDERSON		3 Filer ID (Ethics Commission Filers)	
4 Date 04/04/2024		5 Payee name Fastway			
6 Amount (\$) \$25.05		7 Payee address; City; State; Zip Code 700 W MOORE AVE Terrell TX 75160			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held N/A Donna Renee Anderson City Council District 2 Seat					
Date 04/05/2024		Payee name Blessings on Brin			
Amount (\$) \$54.57		Payee address; City; State; Zip Code 107 E Brin St Terrell TX 75160			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Committee lunch		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held N/A Donna Renee Anderson City Council District 2 Seat					
Date 04/11/2024		Payee name Terrell Tribune			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 201 N Rockwall Terrell TX 75160			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description 1/8 page Ad placements		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held N/A Donna Renee Anderson City Council District 2 Seat					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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	Gift/Awards/Memorials Expense	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: <u>5</u>	2 FILER NAME <u>DONNA RENEE ANDERSON</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>04/19/2024</u>	5 Payee name <u>The French Soiree</u>	
6 Amount (\$) <u>\$ 750.00</u>	7 Payee address; City; State; Zip Code <u>119 E Moore Ave Terrell TX 75160</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	(b) Description <u>Meet & Greet Event</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held <u>N/A</u> <u>Donna Renee Anderson City Council District 2 Seat</u>		
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held _____		
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held _____		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		