

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	<input checked="" type="checkbox"/> MRS / MR DONNA <small>NICKNAME</small>		<small>FIRST</small> RENEE <small>SUFFIX</small>	OFFICE USE ONLY
				Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<small>ADDRESS / PO BOX:</small> 1451 Colquitt Rd Apt 611 Terrell <small>APT / SUITE #:</small> <small>CITY:</small> TX 75160			
<input type="checkbox"/> Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
	(971)	297-6823	N/A	
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MRS / MR DONNA <small>NICKNAME</small>		<small>FIRST</small> RENEE <small>SUFFIX</small>	<small>Receipt #</small> <input type="text"/> <small>Amount \$</small> <input type="text"/>
				Date Processed
<small>STREET ADDRESS (NO PO BOX PLEASE):</small> 1451 Colquitt Rd Apt 611 Terrell <small>STATE: TX ZIP CODE: 75160</small>				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(971)	297-6823	N/A	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month Day Year
	02	03	2024	THROUGH 04/26/2024
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	N/A		TERRELL City Council District 2 Seat	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL			
	<input type="checkbox"/> SPECIFIC			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Donna Renee Anderson

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)

\$ 3,150.00

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

\$ 3,150.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 3,129.84

4. TOTAL POLITICAL EXPENDITURES

\$ 3,129.84

CONTRIBUTION
BALANCE

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

\$ 20.16

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

18 SIGNATURE

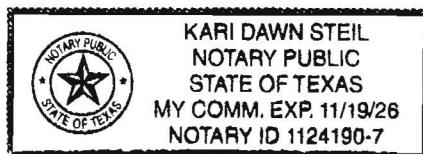
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature 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,
20 24 to certify which witness my hand and seal of office.

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: <i>Part 2</i>
2 FILER NAME <i>Donna Renee Anderson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/13/2024</i>	5 Full name of contributor <i>Tayar Land Development</i> 6 Contributor address; <i>Po Box 425 Terrell TX 75160</i>	7 Amount of contribution (\$) <i>\$1,250.00</i>
8 Principal occupation / Job title (See Instructions) <i>Owner</i>		9 Employer (See Instructions) <i>Owner</i>
Date <i>02/23/2024</i>	Full name of contributor <i>Graylan Daloney dba State Farm</i> Contributor address; <i>309 FM 148 Ste B Terrell TX 75160</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Owner</i>
Date <i>02/27/2024</i>	Full name of contributor <i>Troy Drollinger</i> Contributor address; <i>706 Griffith Ave Terrell TX 75160</i>	Amount of contribution (\$) <i>\$300.00</i>
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Owner</i>
Date <i>03/14/2024</i>	Full name of contributor <i>7 Days Drive In</i> Contributor address; <i>215 S Rockwall Ave Terrell TX 75160</i>	Amount of contribution (\$) <i>\$200.00</i>
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Owner</i>
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

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>2</u>
2 FILER NAME <u>DONNA RENEE ANDERSON</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/15/2024</u>	5 Full name of contributor <u>Vargas Wireless Inc.</u>	7 Amount of contribution (\$) <u>\$200.00</u>
	6 Contributor address; <u>1442 W Moore Ave Terrell TX 75160</u>	8 Principal occupation / Job title (See Instructions) <u>Owner</u>
		9 Employer (See Instructions) <u>Owner</u>
Date <u>03/18/2024</u>	Full name of contributor <u>Carol Holland</u>	Amount of contribution (\$) <u>\$100.00</u>
	Contributor address; <u>10045 FM 2578 Terrell TX 75160</u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>	Employer (See Instructions) <u>N/A</u>	
Date <u>03/22/2024</u>	Full name of contributor <u>Davis Funeral Home</u>	Amount of contribution (\$) <u>\$100.00</u>
	Contributor address; <u>200 E Grove St Terrell TX 75160</u>	
Principal occupation / Job title (See Instructions) <u>Owner</u>	Employer (See Instructions) <u>N/A</u>	
Date 	Full name of contributor 	Amount of contribution (\$)
	Contributor address; 	City:
	State: 	Zip Code
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1
2 FILER NAME <i>Donna Renee Anderson</i>				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS <i>\$ 750.00</i>				
5 Date <i>04/19/2024</i>	6 Full name of contributor <i>Christina McDaniel</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		8 Amount of Contribution \$ <i>\$ 750.00</i>
7 Contributor address; <i>119 E Moore Ave Terrell TX 75160</i>	City;	State;	Zip Code	9 In-kind contribution description <i>The French Soiree Rental fee</i>
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Photographer / Event venue</i>				11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>
12 Contributor's principal occupation (FOR JUDICIAL) <i>Owner</i>				13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Owner</i>
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>				
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of Contribution \$
.....	Contributor address;	City;	State;	In-kind contribution description
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)				Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)				Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)				Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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	City; Terrell	State; TX
8 PURPOSE OF EXPENDITURE Advertising Expense	(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 ONLY if direct expenditure to benefit C/OH Donna Renee Anderson	Candidate / Officeholder name City Council District 2 Seat	Office sought N/A
Date 02/28/2024	Payee name Terrell Chamber of Commerce	Office held N/A
Amount (\$) \$20.00	Payee address; 1314 W Moore Ave	City; Terrell
	State; TX	Zip Code 75160
PURPOSE OF EXPENDITURE Event Expense	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 ONLY if direct expenditure to benefit C/OH Donna Renee Anderson	Candidate / Officeholder name City Council District 2 Seat	Office sought N/A
Date 02/29/2024	Payee name Two Guys Laser Engraving	Office held N/A
Amount (\$) \$1,023.63	Payee address; 19850 FM 986	City; Terrell
	State; TX	Zip Code 75160
PURPOSE OF EXPENDITURE Printing Expense	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 ONLY if direct expenditure to benefit C/OH Donna Renee Anderson	Candidate / Officeholder name City Council District 2 Seat	Office sought 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 400 Industrial Blvd	City; Terrell
		State; TX
		Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Donna Renee Anderson City Council District 2 Seat	
Date 03/11/2024	Payee name Kaufman County Elections	Office sought N/A
Amount (\$) \$18.00	Payee address; 209 S Washington	City; Kaufman
		State; TX
		Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Donna Renee Anderson City Council District 2 Seat	
Date 03/11/2024	Payee name YUEBEE Photography	Office sought N/A
Amount (\$) \$270.63	Payee address; 864 Beverly Dr	City; Terrell
		State; TX
		Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME DONNA RENEE ANDERSON	3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2024	5 Payee name Vista Print	
6 Amount (\$) \$95.24	7 Payee address; vistaprint.com	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Political Business Cards
	(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 03/21/2024	Payee name CostCo Warehouse	
Amount (\$) \$96.72	Payee address; 125 State Hwy 276	City; State; Zip Code Rockwall TX 75032
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense	Description For two political events
	<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 03/25/2024	Payee name Murphy USA	
Amount (\$) \$26.00	Payee address; 1850 W Moore Ave	City; State; Zip Code Terrell TX 75160
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description Fuel
	<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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	Donna Renee Anderson	
4 Date	5 Payee name	
04/04/2024	Fastway	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
\$25.05	700 W Moore Ave	Terrell TX 75160
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel In District	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		
Donna Renee Anderson City Council District 2 Seat N/A		
Date	Payee name	
04/05/2024	Blessings on Brin	
Amount (\$)	Payee address:	City: State: Zip Code
\$54.57	107 E Brin St	Terrell TX 75160
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food/Beverage Expense	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		
Donna Renee Anderson City Council District 2 Seat N/A		
Date	Payee name	
04/11/2024	Terrell Tribune	
Amount (\$)	Payee address:	City: State: Zip Code
\$500.00	201 N Rockwall	Terrell TX 75160
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	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		
Donna Renee Anderson City Council District 2 Seat 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME DONNA RENEE ANDERSON	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2024	5 Payee name The French Suisse	
6 Amount (\$) \$ 750.00	7 Payee address: 119 E Moore Ave	City: Terrell State: TX Zip Code: 75160
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Meet & Greet Event
	(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 Donna Renee Anderson	Office sought City Council District 2 Seat
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		