

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 <u>MRS</u>	FIRST <u>Debra (Debbie)</u>	MI <u>L</u>
	NICKNAME <u>Debbie</u>	LAST <u>Anderson</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; <u>2729 Ash Creek</u>	APT / SUITE #; <u>Mesquite</u>	CITY; STATE; ZIP CODE <u>TX 75181</u>
	AREA CODE <u>(972)</u> <u>(214)</u>	PHONE NUMBER <u>222-4530 (home)</u> <u>755-1516 (cell)</u>	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR	FIRST <u>Volanda</u>	MI <u>G.</u>
	NICKNAME	LAST <u>Shephard</u>	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1420 Hermitage Drive</u> <u>Mesquite TX 75149</u>		
	AREA CODE <u>(469)</u>	PHONE NUMBER <u>878-0832</u>	EXTENSION
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
8 CAMPAIGN TREASURER PHONE	Month	Day	Year
9 REPORT TYPE	THROUGH		
10 PERIOD COVERED	ELECTION DATE		
11 ELECTION	Month	Day	Year
12 OFFICE	OFFICE HELD (if any) <u>N/A</u>	OFFICE SOUGHT (if known) <u>District 6 Councilmember</u>	
13 OFFICE SOUGHT	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.		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

RECEIVED

SEP 30 2021

**CITY OF MESQUITE
CITY SECRETARY**

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

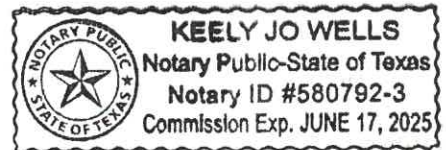
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$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

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.

Debbie Anderson
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Debbie Anderson this the 30 day of September, 2021, to certify which, witness my hand and seal of office.

Keely Jo Wells Signature of officer administering oath
Keely Jo Wells Printed name of officer administering oath
Notary 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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$

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 FILER NAME

Debbie L. Anderson

3 Filer ID (Ethics Commission Filers)

4 Date

7/12/21

5 Full name of contributor

Debbie L. Anderson

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

7 Amount of contribution (\$)

\$250-

6 Contributor address;

2729 Ash Creek Mesquite TX 75181

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

7/16/21

Full name of contributor

Ronald A. Abraham

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

Amount of contribution (\$)

\$40-

Contributor address;

P.O. Box 851685 Mesquite TX 75185

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7/15/21

Full name of contributor

Bill D. Anderson

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

Amount of contribution (\$)

\$250-

Contributor address;

2729 Ash Creek Mesquite TX 75181

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7/16/21

Full name of contributor

Cash (various)

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

Amount of contribution (\$)

\$220-

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 FILER NAME

Debbie Anderson

3 Filer ID (Ethics Commission Filers)

4 Date

7/23/21

5 Full name of contributor

Cash - Anonymous

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

7 Amount of contribution (\$)

\$140-

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/9/21

Full name of contributor

Debbie Anderson

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

Amount of contribution (\$)

\$10-

Contributor address;

City;

State;

Zip Code

2729 Ash Creek Mesquite X 75187

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/24

Full name of contributor

Ed Waynick

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

Amount of contribution (\$)

\$50-

Contributor address;

City;

State;

Zip Code

4304 Wood buff Dr Mesquite 75187

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30

Full name of contributor

Various - Cash

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

Amount of contribution (\$)

\$135-

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 FILER NAME <i>Debbie Anderson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/30</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Bill Anderson - Cash</i>	7 Amount of contribution (\$) <i>\$100-</i>
	6 Contributor address; City; State; Zip Code <i>2729 Ash Creek Mesquite TX 75181</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/30</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>(Bibi) Yolanda Guilhoux</i>	Amount of contribution (\$) <i>\$500</i>
	Contributor address; City; State; Zip Code <i>1229 Woodthorpe Dr. Mesquite TX 75181</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/30</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Barbara Duan</i>	Amount of contribution (\$) <i>\$50-</i>
	Contributor address; City; State; Zip Code <i>P.O. Box 850505 Mesquite TX 75185</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/30</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Jay & Sandra Perkins</i>	Amount of contribution (\$) <i>\$50-</i>
	Contributor address; City; State; Zip Code <i>3100 Cantura Dr. Mesquite TX 75181</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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 FILER NAME Debbie Anderson		3 Filer ID (Ethics Commission Filers)
4 Date 8/30	5 Full name of contributor Bruce Archer Campaign out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$250-
6 Contributor address; City; State; Zip Code Mesquite TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/30	Full name of contributor Ronald Abraham out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25-
Contributor address; City; State; Zip Code P.O. Box 851685 Mesquite TX 75185		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30	Full name of contributor Kevin & Irma Carbo out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25-
Contributor address; City; State; Zip Code 1324 High Plains Dr. Mesquite TX 75149		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30	Full name of contributor Steven & Geneva Switzer out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code P.O. Box 670005 Mesquite TX 75187		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 FILER NAME <i>Debbie Andersen</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/13/21</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Janeth A. Pesek - Bohren</i>	7 Amount of contribution (\$) <i>\$30-</i>
	6 Contributor address; City; State; Zip Code <i>1805 Shadow Creek Mesquite TX 75181</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/21/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Michele Hurley</i>	Amount of contribution (\$) <i>\$100-</i>
	Contributor address; City; State; Zip Code <i>2824 Clearmeadow Mesquite TX 75181</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/21/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Melanie Humphries</i>	Amount of contribution (\$) <i>\$50-</i>
	Contributor address; City; State; Zip Code <i>905 Norton Dr. Mesquite TX 75149</i>	
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)