

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>10</u>		OFFICE USE ONLY RECEIVED OCT 05 2021 CITY OF MESQUITE CITY SECRETARY Date Received Date Hand-delivered or Mailed Receipt # Amount \$ Date Processed Date Imaged			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report				
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)				
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)					
	<input type="checkbox"/> 8th day before election						
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	

6 EXPLANATION OF CORRECTION Incorrect information Rec'd as to what forms were Reg'd - Expenditures not included w/original

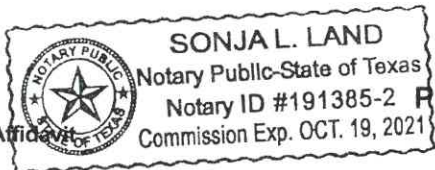
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Debbi Anderson
Signature of Candidate/Officeholder



(1) Affidavit Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Debbie Anderson this the 5 day of Oct. 2021, to certify which, witness my hand and seal of office.

Sonja L. Land Sonja L. Land Notary
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)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

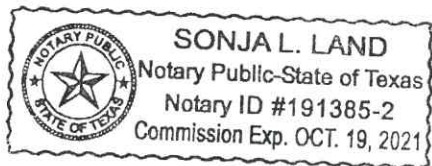
15 C/OH NAME Debbie Anderson		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,436.46
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,677.29
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 5 day of Oct.

2021, to certify which witness my hand and seal of office.

Sonja L. Land
Signature of officer administering oath

Sonja L. Land
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 _____.

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 07/12/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Debbie Anderson 6 Contributor address; City; State; Zip Code 2729 Ash Creek Mesquite TX 75181	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/16/2021	Full name of contributor out-of-state PAC (ID#: _____) Ronald Abraham Contributor address; City; State; Zip Code P.O.Box 851685 Mesquite TX 75185	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/15/2021	Full name of contributor out-of-state PAC (ID#: _____) Bill D. Anderson Contributor address; City; State; Zip Code 2729 Ash Creek Mesquite, TX 75181	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/16/2021	Full name of contributor out-of-state PAC (ID#: _____) Cash Donations (various) Contributor address; City; State; Zip Code	Amount of contribution (\$) 220.00
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 07/23/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Cash - Anonymous 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 140.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/09/2021	Full name of contributor out-of-state PAC (ID#: _____) Debbie Anderson Contributor address; City; State; Zip Code 2729 Ash Creek Mesquite TX 75181	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/24/2021	Full name of contributor out-of-state PAC (ID#: _____) Ed Waynick Contributor address; City; State; Zip Code 4304 Woodbuff Drive Mesquite TX 75150	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2021	Full name of contributor out-of-state PAC (ID#: _____) Cash Donations - (various) Contributor address; City; State; Zip Code	Amount of contribution (\$) 135.00
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 08/30/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Bruce Archer Campaign 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/30/2021	Full name of contributor out-of-state PAC (ID#: _____) Ronald Abraham Contributor address; City; State; Zip Code P.O. Box 851685 Mesquite TX 75185	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/30/2021	Full name of contributor out-of-state PAC (ID#: _____) Kevin & Irma Carbo Contributor address; City; State; Zip Code 1324 High Plains Drive Mesquite TX 75149	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2021	Full name of contributor out-of-state PAC (ID#: _____) Steven & Geneva Switzer Contributor address; City; State; Zip Code P.O. Box 87005 Mesquite TX 75187	Amount of contribution (\$) 100.00
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 08/30/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Bill Anderson 6 Contributor address; City; State; Zip Code 2729 Ash Creek Mesquite TX 75181	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/30/2021	Full name of contributor out-of-state PAC (ID#: _____) Yolanda (Bibi) Guilhoux Contributor address; City; State; Zip Code 1229 Woodthorpe Dr Mesquite TX 75181	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2021	Full name of contributor out-of-state PAC (ID#: _____) Barbara Dunn Contributor address; City; State; Zip Code P.O. Box 850505 Mesquite TX 75185	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/30/2021	Full name of contributor out-of-state PAC (ID#: _____) Jay & Sandra Perkins Contributor address; City; State; Zip Code 3100 Cantura Dr Mesquite TX 75181	Amount of contribution (\$) 50.00
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 09/13/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Judith A. Pesek-Bohren 6 Contributor address; City; State; Zip Code 1805 Shadow Creek Mesquite TX 75181	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2021	Full name of contributor out-of-state PAC (ID#: _____) Michele Hurley Contributor address; City; State; Zip Code 2824 Clearmeadow Mesquite TX 75181	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2021	Full name of contributor out-of-state PAC (ID#: _____) Melanie Humphries Contributor address; City; State; Zip Code 905 Norton Drive Mesquite TX 75149	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2021	Full name of contributor out-of-state PAC (ID#: _____) Charles Cato Contributor address; City; State; Zip Code	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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:	
2 FILER NAME Debbie Anderson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/30/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Anderson 7 Contributor address; City; State; Zip Code 2729 Ash Creek Mesquite TX 75181	8 Amount of Contribution \$ 211.46	9 In-kind contribution description Campaign Kick-off Event Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		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)			

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: 2	2 FILER NAME Debbie Anderson		3 Filer ID (Ethics Commission Filers)	
4 Date 07/20/2021	5 Payee name American National Bank			
6 Amount (\$) 32.97	7 Payee address; P.O. Box 40 Terrell TX 75160		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description checks	
	(c) Check if travel outside of Texas. Complete Schedule T.		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
Date 09/01/2021	Payee name Signs For U			
Amount (\$) 622.00	Payee address; 4400 Samiell Blvd Mesquite TX 75149		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Yard Signs	
	Check if travel outside of Texas. Complete Schedule T.		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 09/06/2021	Payee name Debbie Anderson (reimbursement) Vista Print			
Amount (\$) 389.32	Payee address; Vento, The Netherlands (Vista Print)		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Door Hangers	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	

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		2 FILER NAME Debbie Anderson		3 Filer ID (Ethics Commission Filers)	
4 Date 09/10/2021		5 Payee name Pay Pal			
6 Amount (\$) 9.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description fees		
	(c) Check if travel outside of Texas. Complete Schedule T.		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	
Date	Payee name				
10/04/2021	Signs For U				
Amount (\$)	Payee address; City; State; Zip Code				
624.00	4400 Samuell Blvd Mesquite TX 75149				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Printing Expense		Yard Signs		
(c) Check if travel outside of Texas. Complete Schedule T.		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	
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		