

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b> <div style="text-align: center; font-size: 24pt; font-weight: bold;">2</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI Ms      Anna      G		<div style="border: 2px solid black; padding: 10px; margin: 5px;"> <b>OFFICE USE ONLY</b>   <div style="font-size: 24pt; font-weight: bold; color: blue;">RECEIVED</div>  <div style="color: red; font-weight: bold;">JUL 16 2025</div>  <div style="color: blue;">9:52am</div>  <div style="color: blue;">BY: m Delaney</div> </div>
	NICKNAME      LAST      SUFFIX Campbell		
ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE PO Box 1675      Rockwall      Tx      75087			
Change of Address			
AREA CODE      PHONE NUMBER      EXTENSION (972 )      816-2767			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	MS / MRS / MR      FIRST      MI Mr.      Gene      G		Date Received
	NICKNAME      LAST      SUFFIX Cannavo		Date Hand-delivered or Date Postmarked <div style="font-size: 24pt; font-weight: bold;">7/16/25</div>
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS / MR      FIRST      MI Mr.      Gene      G		Receipt #      Amount \$
	NICKNAME      LAST      SUFFIX Cannavo		Date Processed
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Mr.      Gene      G		Date Imaged
	NICKNAME      LAST      SUFFIX Cannavo		
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1550 Fairlakes Pointe Drive      Rockwall      Tx      75087		
	AREA CODE      PHONE NUMBER      EXTENSION ( 214 )      505-5369		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 214 )      505-5369		
	EXTENSION		
<b>9 REPORT TYPE</b>	<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 checked="" 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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year           Month      Day      Year 1      /      15      /      25      THROUGH      7      /      15      /      25		
	THROUGH		
<b>11 ELECTION</b>	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description /      / <input type="checkbox"/> General <input type="checkbox"/> Special		
	Other Description		
<b>12 OFFICE</b>	OFFICE HELD (if any) Rockwall City Council, Place 6		
	OFFICE SOUGHT (if known)		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>    Additional Pages	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.		
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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# 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)

\$ 0.00

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

\$ 0.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

CONTRIBUTION  
BALANCE

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

\$ 0.00

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, 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 Anna Campbell, and my date of birth is [REDACTED].

My address is 1550 Fairlakes Pointe Dr. Rockwell, TX 75087 USA.  
(street) (city) (state) (zip code) (country)

Executed in Rockwell County, State of TX, on the 16 day of July, 2025.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)