

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: **6**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Ms. Anna M
NICKNAME LAST SUFFIX
Campos

OFFICE USE ONLY

Date Received

RECEIVED
JUL 15 2024
CS - BCAD

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210)

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms. Anna M
NICKNAME LAST SUFFIX
Campos

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210)

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
4 / 25 / 24 THROUGH 6 / 30 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 4 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Bexar Appraisal District Place 1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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 COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Anna M. Campos		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)	\$ 230.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ 3,492.64
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 230.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 230.00
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.

Anna Marie Campos

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 M. Campos, and my date of birth is [REDACTED]

My address is [REDACTED], San Antonio, TX, [REDACTED], USA
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 15 day of July, 2024
(month) (year)

Anna Marie Campos

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Anna M. Campos		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 230.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,262.64
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 230.00
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	\$

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
2 FILER NAME Anna M. Campos		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 3,262.64
5 Date 05/03/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janeth Soto 7 Contributor address; City; State; Zip Code 	8 Amount of Contribution \$ 689.11 9 In-kind contribution description Voter Contact <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Real Estate		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed
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 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janeth Soto Contributor address; City; State; Zip Code 	Amount of Contribution \$ 885.55 In-kind contribution description Voter Contact <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Real Estate		Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed
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.		

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
2 FILER NAME Anna M. Campos		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		
5 Date 06/03/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janeth Soto	8 Amount of Contribution \$ 887.98
	7 Contributor address; City; State; Zip Code [REDACTED]	9 In-kind contribution description Voter Contact
Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Real Estate		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed
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 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica Gonzalez	Amount of Contribution \$ 800.00
	Contributor address; City; State; Zip Code [REDACTED]	In-kind contribution description Social Media
Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Public Relations		Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed
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.

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Anna M. Campos

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Anna Marie Campos

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Anna Marie Campos

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder