

# 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: <b>2</b>      |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                     | MS / MRS / MR      FIRST      MI   | <b>OFFICE USE ONLY</b>                 |                                    |
|  | Mrs.      Annie Rebecca  |  |                                    |
|  | NICKNAME      LAST      SUFFIX   | Date Received                          |                                    |
|  | Elliott  |  |                                    |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br>Change of Address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><b>5702 Mimosa Lane, Richmond, TX 77406</b>  |  |                                    |
| <b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>                                     | AREA CODE      PHONE NUMBER      EXTENSION<br>( 832 )      423-4075  |  |                                    |
| <b>6 CAMPAIGN TREASURER NAME</b>   | MS / MRS / MR      FIRST      MI   | Date Hand-delivered or Date Postmarked |                                    |
|  | Mr.      Michael      W  |  |                                    |
|  | NICKNAME      LAST      SUFFIX   |  |                                    |
|  | Elliott  |  |                                    |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><b>5702 Mimosa Lane, Richmond TX 77406</b>  |  |                                    |
| <b>8 CAMPAIGN TREASURER PHONE</b>  | AREA CODE      PHONE NUMBER      EXTENSION<br>( 832 )      496-5000  |  |                                    |
| <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)<br><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<br>1      /      1      /      25           THROUGH      6      /      30      /      25   |  |                                    |
| <b>11 ELECTION</b>   | ELECTION DATE                     ELECTION TYPE<br>Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special      _____  |  |                                    |
| <b>12 OFFICE</b>   | OFFICE HELD (if any)   |  | <b>13 OFFICE SOUGHT</b> (if known) |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br>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   | COMMITTEE NAME                         |                                    |
|  | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                      |                                    |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME      |                                    |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                    |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

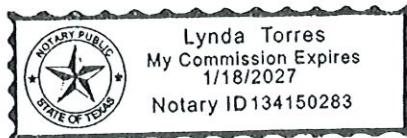
|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>Annie Rebecca Elliott |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>                | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                       |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0.00                                       |
| <b>EXPENDITURE TOTALS</b>                    | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                       |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0.00                                       |
| <b>CONTRIBUTION BALANCE</b>                  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 7,960.64                                   |
| <b>OUTSTANDING LOAN TOTALS</b>               | 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.

*Annie Rebecca Elliott*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Annie Rebecca Elliott this the 14<sup>th</sup> day of July, 2025, to certify which, witness my hand and seal of office.

Lynda Torres Lynda Torres 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)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)