





# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Anna Campbell		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 200.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 200.00
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 7,159.76
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>1</b>
<b>2</b> FILER NAME <b>Anna Campbell</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/23/2026</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>David Billings</b> <b>6</b> Contributor address; City; State; Zip Code <b>120 Eilmington Dr. Fate Tx 75189</b>	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Retired</b>		<b>9</b> Employer (See Instructions) <b>Retired</b>
<b>Date</b> <b>03/30/2026</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>Katherine Krikorian</b> <b>Contributor address; City; State; Zip Code</b> <b>1345 Shores Circle Rockwall Tx. 75087</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Retired</b>		<b>Employer (See Instructions)</b> <b>Retired</b>
<b>Date</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: <b>1</b>	
<b>2</b> FILER NAME <b>Anna Campbell</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date  03/28/2026	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Oasis Pickleball Club</b> ..... <b>7</b> Contributor address; City; State; Zip Code <b>5757 State Highway 205 Rockwall Tx 75032</b>	<b>8</b> Amount of Contribution \$  200.00	<b>9</b> In-kind contribution description  Pickleball  Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Sports Complex</b>		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> 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
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)			

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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.

<b>1</b> Total pages Schedule G: <b>5</b>	<b>2</b> FILER NAME <b>Anna Campbell</b>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>01/07/2026</b>	<b>5</b> Payee name <b>Rockwall GOP</b>		
<b>6</b> Amount (\$) <b>829.04</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <b>112 Kenway Street</b> <small>Check if individual's residence address.</small>	City; State; Zip Code <b>Rockwall Tx 75087</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Tickets and Sponsorship</b>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Anna Campbell</b>	Office sought <b>City Council</b>	Office held <b>City Council</b>
	Date <b>01/12/2026</b>	Payee name <b>Rockwall County Republican Women</b>	
<b>Amount (\$)</b> <b>250.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address;</b> <b>112 Kenway Street</b> <small>Check if individual's residence address.</small>	City; State; Zip Code <b>Rockwall Tx 75087</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>	Description <b>Membership Luncheon Sponsorship</b>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Anna Campbell</b>	Office sought <b>City Council</b>	Office held <b>City Council</b>
	Date <b>01/24/2026</b>	Payee name <b>Rockwall Cpounty Republican Women</b>	
<b>Amount (\$)</b> <b>30.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address;</b> <b>112 Kenway Street</b> <small>Check if individual's residence address.</small>	City; State; Zip Code <b>Rockwall Tx 75087</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>	Description <b>RCRW Membership Luncheon</b>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Anna Campbell</b>	Office sought <b>City Council</b>	Office held <b>City Council</b>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Anna Campbell	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/29/2026	<b>5</b> Payee name Meals on Wheels	
<b>6</b> Amount (\$) 150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code Meals On Wheels Rockwall TX 75087 <small>Check if individual's residence address.</small>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Pistols & Pearls
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought City Council
		Office held City Council
Date 03/09/2026	Payee name Minuteman Press	
Amount (\$) 86.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1104 B Ridge Road <small>Check if individual's residence address.</small>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Flat Cards
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought City Council
		Office held City Council
Date 02/09/2026	Payee name Minuteman Press	
Amount (\$) 2,150.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1104 B Ridge Road Rockwall Tx 75087 <small>Check if individual's residence address.</small>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought City Council
		Office held City Council

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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			

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<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Anna Campbell	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/16/2026	<b>5</b> Payee name Blue Ribbon News LLC	
<b>6</b> Amount (\$) 892.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 967 Rockwall Tx 75087 <small>Check if individual's residence address.</small>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Newspaper Advertisement
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought City Council
		Office held City Council
Date 03/16/2026	Payee name Battlefield Consulting	
Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 621 Leichy Ct. Rockwall Tx 75032 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description City Council Campaign Consulting
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought City Council
		Office held City Council
Date 03/20/2026	Payee name Minuteman Press	
Amount (\$) 1,694.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1104 B Ridge Road Rockwall tx 75087 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought City Council
		Office held City Council

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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			

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<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Anna Campbell		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/28/2026	<b>5</b> Payee name Advocacy Lab			
<b>6</b> Amount (\$) 34.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 1206 Laskin Rd, Ste 201 <small>Check if individual's residence address.</small>		City; Virginia Beach	State; Zip Code Virginia 23451
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description Website Design	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought City Council	Office held City Council	
Date 03/29/2026	Payee name Advocacy Lab			
Amount (\$) 34.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1206 Laskin Rd, Ste 201 <small>Check if individual's residence address.</small>		City; Virginia Beach	State; Zip Code Virginia 23451
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Website Design	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought City Council	Office held City Council	
Date 03/20/2026	Payee name Amazon			
Amount (\$) 378.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 410 Terry Ave <small>Check if individual's residence address.</small>		City; Seattle	State; Zip Code WA 98109
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Laptop Computer	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought City Council	Office held City Council	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Anna Campbell	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/19/2026	<b>5</b> Payee name Wix.com LTD	
<b>6</b> Amount (\$) 18.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; Yunitsman 5 <small>Check if individual's residence address.</small>	City; State; Zip Code Tel Aviv Israel
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Website Design
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought / Office held City Council / City Council
Date 03/26/2026	Payee name Minuteman Press	
Amount (\$) \$77.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1104 B Ridge Road <small>Check if individual's residence address.</small>	City; State; Zip Code Rockwall Tx 75087
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Express	Description Rack Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought / Office held City Council / City Council
Date 01/29/2026	Payee name Avocacy Lab	
Amount (\$) 34.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1206 Laskin Rd, Ste 201 <small>Check if individual's residence address.</small>	City; State; Zip Code Virginia Beach Virginia 23451
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Website Design
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anna Campbell	Office sought / Office held City Council / City Council

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